

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071942

Entity Name: BEANTOWN LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

128 PALM RIVER BLVD.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

128 PALM RIVER BLVD.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-3193812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOEDE, JOHN C ESQ.
128 PALM RIVER BLVD.
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANCHESTER, GREGORY S
Address: 1520 SERENITY CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: REID, KEVIN
Address: 128 PALM RIVER BLVD.
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: REID, MARK
Address: 2239 PINE WOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREG MANCHESTER

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date