


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90035 004 ****50.00

DOCUMENT # L05000107985	
1. Entity Name SAWGRASS BEAN, LLC	

Principal Place of Business 6370 ANGUS ROAD LAKE WORTH FL 33467	Mailing Address 6370 ANGUS ROAD LAKE WORTH FL 33467
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2. Principal Place of Business 6370 Angus Rd	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth FL	City & State
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Zip 33467	Country Palm Beach	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MANSFIELD, GARY 3201 N.E. 183RD STREET #1007 AVENTURA FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when nonattesting) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE President NAME Muriel Mansfield STREET ADDRESS 6370 Angus Rd CITY - ST - ZIP Lake Worth FL 33467	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vice President NAME Lawrence Mansfield STREET ADDRESS 6370 Angus Rd CITY - ST - ZIP Lake Worth FL 33467	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Muriel Mansfield **8/29/06** **561 212 1414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #