

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113975

Entity Name: BEAUCLAIRE ARABIANS, LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 83-0442034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVIGNE, JAMES R  
7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: LANE, LAURALYN  
Address: 6215 BEAUCLAIR AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: LANE, PAUL CAMP  
Address: 6215 BEAUCLAIR AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL CAMP LANE

MGRM

01/14/2009

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