


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90078 041 \*\*\*138.75

<b>DOCUMENT # L06000070827</b> 1. Entity Name <b>BEVILLE RETAIL CENTER, LLC</b>			
Principal Place of Business <b>22 CAPISTRANO DRIVE</b> <b>ORMOND BEACH, FL 32176</b>		Mailing Address <b>22 CAPISTRANO DRIVE</b> <b>ORMOND BEACH, FL 32176</b>	
2. Principal Place of Business - No P.O. Box # <b>615-631 Beville</b> Suite, Apt. #, etc. <b>Road</b> City & State <b>S. Daytona Beach, Florida</b> Zip <b>32119</b> Country <b>Volusia</b>		3. Mailing Address <b>22 Capistrano Drive</b> Suite, Apt. #, etc. City & State <b>Ormond Beach, Florida</b> Zip <b>32176</b> Country <b>Volusia</b>	
4. FEI Number <b>20-5218823</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROCK, JEFFREY P</b> <b>444 SEABREEZE BLVD., SUITE 900</b> <b>DAYTONA BEACH, FL 32118</b>		7. Name and Address of New Registered Agent Name <b>Marina Sholosh</b> Street Address (P.O. Box Number is Not Acceptable) <b>22 Capistrano Drive</b> City <b>Ormond Beach, FL</b> Zip Code <b>32176</b>	
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 <u>Marine Sholosh</u> DATE <u>05-01-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. <b>BEVILLE RETAIL CENTER, LLC</b> <b>22 CAPISTRANO DRIVE</b> <b>ORMOND BEACH, FL 32176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGRM</b> <b>Marina Sholosh</b> <b>22 Capistrano Drive</b> <b>Ormond Beach, FL, 32176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
<b>SIGNATURE:</b> <u>Marine Sholosh</u>		<u>05-01-08</u> <u>386-233-3102</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	