## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 06000122630

## FILED Apr 27, 2007 8:00 am Secretary of State 04-03-2007 90119 023 \*\*\*\*50.00

DOCUMENT # L06000122630  1. Entity Name BEAUTIFUL BURGERS, LLC							04-03-200	37 90119 02.	3 **	**50.00
Principal Place of Business Mailing Address 4500 140TH AVENUE NORTH STE. 109 CLEARWATER, FL 33762 CLEARWATER, FL 33762						 	in ayın biri bili beri adla	1 (1818   11819 MAIS AFFAN	Mint <b>Ro</b> n	<b>1</b> 01 ALFORI
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apl. #, etc.			02152007	Chg-LLC	CR2E083 (12	/06)	
City & State			City & State		4. FEI Numb	80666	42		Applicable	
Zip	<u> </u>		Zip Cou		try	5. Certificate of Status Desired S5.00 Additional Fee Required				
G. Name and Address of Current Registered Agent						7. Name an	d Address of New Re	gistered Agent		
PEARSE, 1239 S. M CLEARWA	VENUE	<b>\$</b>	Street Address (P.O. Box Nur			per is Not Acceptable	)			
l i		•			City	<del></del>		FL Zip	Code	
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 .	Signature, typed	or printed name of requirered agent &	nd lide if applicable. (NOT)	: Registere	d Agent signature raquise	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007								check payable Department of		
9.		MANAGING MEMBER	RS/MANAGERS	10,			ADDITIONS/	CHANGES		
TITLE MAME STREET ADDRESS CITY-ST-ZIP								Cha	inge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defece				-	☐ Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ocide		et aodress St-Zip			☐ Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZDP			☐ Delete					Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			C) Detate		I			☐ Crea	ige	☐ Addition
indicated limited lia	on this report bility compar	rt is true and accurate and to my or the receiver or trustee	this filing does not qualify for hat my signature shall have t empowered to execute this r	he same	legal effect as if m	ade under oath	n; that I am a managir	her certify that the ng member or mar	infom ager	nation of the
SIGNATURE: 44 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 2 2 2										