
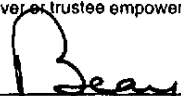


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company BEAULAND HOMES, L.C. 126 3RD AVE N SAFETY HARBOR FL 34695		DOCUMENT # L95000000718	
2. Principal Place of Business 670 2nd Street North Suite, Apt. #, etc.		2a. Mailing Address 670 2nd Street North Suite, Apt. #, etc.	
City & State SAFETY HARBOR		City & State SAFETY HARBOR	
Zip 34695	Country	Zip FL 34695	Country 3
3. Date Organized or Qualified 09/19/1995		3a. State of Formation FL	
4. FEI Number 59-3345180		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/13/1997		6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent PATEL, MOORE & O'CONNOR, P.A. 18167 U.S. 19 NORTH, SUITE 150 CLEARWATER FL 34624		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2240 Bellair Road Suite, Apt. #, etc. 160 City CLEARWATER FL Zip Code 33764	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GIRARD, JEAN-YVES	670 2nd St. N 18167 U.S. 19 NORTH, SUITE	Safety Harbor FL 34695
MGR	BEAU, ANDRE J	670 2nd St N 18167 U.S. 19 NORTH, SUITE	Safety Harbor FL 34695
MGR	BEAU, PHILIPPE	670 2nd St N 18167 U.S. 19 NORTH, SUITE	Safety Harbor, FL 34695
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			

FILED

98 MAY -4 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

126 3RD AVE N
SAFETY HARBOR FL 34695

3. Date Organized or Qualified

09/19/1995

3a. State of Formation

FL

4. FEI Number

59-3345180

☐ Applied For
☐ Not Applicable

5. Date of Last Report

02/13/1997

6. Certificate of Status Desired

SB 75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

2240 Bellair Road

Suite, Apt. #, etc.

160

City

CLEARWATER

Zip Code

FL

33764

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

GIRARD, JEAN-YVES

670 2nd St. N

18167 U.S. 19 NORTH, SUITE

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Safety Harbor FL 34695

CLEARWATER FL

Safety Harbor FL 34695

CLEARWATER FL

Safety Harbor, FL 34695

CLEARWATER FL

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05/06/98--01074--018

****188.75 ****188.75

SIGNATURE:

- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #