


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	--

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company  <b>BEAULAND HOMES, L.C.</b> <b>670 2NS STREET NORTH</b> <b>SAFETY HARBOR FL 34695</b>	<b>DOCUMENT # L95000000718</b>
--	--------------------------------

FILED  
99 FEB 22 AM 8: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1a. Principal Place of Business Address	3. Date Organized or Qualified	3a. State of Formation
670 2NS STREET NORTH SAFETY HARBOR FL 34695	09/19/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3345180		
5. Date of Last Report	6. Certificate of Status Desired	
05/04/1998	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>	

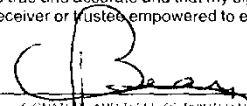
7. Name and Address of Current Registered Agent
<b>PATEL, MOORE &amp; O'CONNOR, P.A.</b> <b>2240 BELLUAR ROAD, SUITE 160</b> <b>CLEARWATER FL 33764</b>

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
8000002789308--2
Suite, Apt. #, etc.
-02/26/99--01111--006
City
FL
Zip Code
****188.75 ****188.75

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) (Not: Registered Agent Registration or Acknowledgment)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GIRARD, JEAN-YVES	670 2NS STREET NORTH	SAFETY HARBOR FL
MGR	BEAU, ANDRE J	670 2NS STREET NORTH	SAFETY HARBOR FL
MGR	BEAU, PHILIPPE	670 2NS STREET NORTH	SAFETY HARBOR FL

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.	<b>SIGNATURE:</b> 	2/17/99 72726727
--	---	------------------