


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L95000000718</b>					
<b>1. Entity Name</b> BEAULAND HOMES, L.C.					
<b>Principal Place of Business</b> 2328 DESTINY WAY ODESSA, FL 33556			<b>Mailing Address</b> 2328 DESTINY WAY ODESSA, FL 33556		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 59-3345180				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
THE LAW OFFICES OF STEVEN S MOORE 8200 BRYAN DAIRY RD STE 300 LARGO, FL 33777				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    Zip Code	
<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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR GIRARD, JEAN-YVES 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR BEAU, ANDRE J 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Delete		MGR BEAU, PHILIPPE 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MGR BEAU, PHILIPPE 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Delete		MGR BEAU, PHILIPPE 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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MGR BEAU, PHILIPPE 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Delete		MGR BEAU, PHILIPPE 2328 DESTINY WAY ODESSA, FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			04/02/04    (727) 785 3338 <small>Date    Daytime Phone #</small>		