

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000985

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** BEAUTY'S ISLAND PROPERTIES LIMITED COMPANY

**Current Principal Place of Business:**

1633 PERIWINKLE WAY  
SUITE A  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

1633 PERIWINKLE WAY  
SUITE A  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 65-0707325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURTY, TIMOTHY J ESQ.  
1633 PERIWINKLE WAY  
SUITE A  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MCENTEE, JOHN E SR.  
Address: 181 BALLENTINE DRIVE  
City-St-Zip: NORTH HALEDON, NJ 07508

Title: MGRM ( ) Delete  
Name: MCENTEE, JOHN E JR.  
Address: 85 MIDWOOD ROAD  
City-St-Zip: GLEN ROCK, NJ 07452

Title: MGRM ( ) Delete  
Name: MOIR, DAVID  
Address: 1904 LUCE CREEK CT  
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM ( ) Delete  
Name: MOIR, DOMINIQUE  
Address: 1904 LUCE CREEK CT  
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM ( ) Delete  
Name: MCENTEE, RUTHANN  
Address: 181 BALLENTINE DRIVE  
City-St-Zip: NORTH HALEDON, NJ

Title: MGRM ( ) Delete  
Name: MCENTEE, PATRICIA S  
Address: 85 MIDWOOD RD  
City-St-Zip: GLENROCK, NJ

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JOHN E MCENTEE JR

MGRM

04/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date