

APR. 26. 1999 9:25AM

NO. 299 P. 1/2

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

FILED

99 MAY 14 AM 11:44

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000099

Beauland/Nugent R.L.
670, 2nd Street North
Safety Harbor, Fl. 34695

100002885891-7
-05/25/99 - 01063 - 018
****188.75 ****188.75

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified

4. FEI Number

59-3495577

5. Date of Last Report

N/A

6. Name and Address of New Registered Agent/Office

Patel, Moore & O'Connor
240 Belkair Road, Suite #160
Clemwater, Fl. 33764

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
FL

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 4/30/99

10. Title Managing Members/Managers Business Street Address City, State and Zip Code

Philippe Beau General Manager
670, 2nd Street N. Safety Harbor, Fl. 34695
Andre Beau Manager
670, 2nd Street N., Safety Harbor, Fl. 34695
Eleanor Nugent Manager
670, 2nd Street N., 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: [Signature] DATE 4/30/99