


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90103 044 ***138.75

DOCUMENT # L99000000045	
1. Entity Name BEAUTY & THE BEAST, LLC	

Principal Place of Business 13839 WATERTHRUSH PL BRADENTON FL 34202	Mailing Address PO BOX 15706 SARASOTA FL 34277-1706
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2. Principal Place of Business - No P.O. Box # 2844 Bay St.	3. Mailing Address B
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State Sarasota, FL	City & State
Zip 34237	Country USA

4. FEI Number 65-0885610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JORDAN, JENNIFER J 13839 WATERTHRUSH PL BRADENTON FL 34237	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2844 Bay Street City Sarasota, FL Zip Code 34237	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORDAN, JENNIFER J 13839 WATERTHRUSH PL BRADENTON FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, GREGORY A 13839 WATERTHRUSH PL BRADENTON FL 34202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Jennifer J. Jordan **2/21/08 941.957.6411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE