



FILED
Apr 03, 2006 8:00 am
Secretary of State

[illegible]

DOCUMENT # M00000000898						04-03-2006 90061 002 ****50.00	
1. Entity Name BEAULIEU GROUP, LLC							
Principal Place of Business 1502 CORONET DRIVE DALTON, GA 30720				Mailing Address 1502 CORONET DRIVE DALTON, GA 30720			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			
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 reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MGRM BOUCKAERT, CARL M 1502 CORONET DRIVE DALTON, GA 30720				MGRM Hanssens, Mieke D 1699 Berry Bennett Road Chatsworth, GA 30705			
Delete				Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MGRM BOUCKAERT, MARIE T 1502 CORONET DRIVE DALTON, GA 30720				MGRM Hanssens, Mieke D 1699 Berry Bennett Road Chatsworth, GA 30705			
Delete				Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
Delete				Change Addition			
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Delete				Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
Delete				Change Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Carl M. Bouckaert 3/30/06 706-272-7321							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CEO Date Daytime Phone #							