2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2006 8:00 am Secretary of State

DOCUMENT # P05000097060 1. Entity Name BEAVER STREET INVESTMENTS, INC.						04-26-200	06 90214	049 ***	150.00	
Principal Place	of Business	Mailing Address			1					
1741 WEST BEAVER STREET JACKSONVILLE, FL 32209		1741 WEST BEAVER STREET JACKSONVILLE, FL 32209				. 2016: 241: 221: \$21: \$21:	ni Gáirá (Gin 18 dr)	2712 PRH 471	urai fi Mili i	
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01172006	Chg-P	CR2E03	4 (11/05)		
City & State	_	City & State			4. FEI Numb	49044	134	J	plied For t Applicable	
Zip	Country	Zip	Count	īγ	5. Certificate	of Status Desired		8.75 Add se Required		
	6. Name and Address of Current		7. Name and	Address of New F	Registered Ag	pent				
50 NORTH JACKSON	RAHAM,REITER,MGGORMI LAURA ST OTE 2750- VILLE, FL 92202-		Name Name							
A The shove	named entity cultimits this statement f	or the purpose of chemoing its	registere	ed office or regis	tered agent or bo	th in the State of Flo	orida. I am fa	miliar with	and accept	
the obligations of registered agent, The obligation of registered agent, The obliga										
SIGNATURE Softward Agent or printed Signature of Ingressive softward agent softwa										
FILE NOWIII FEE IS \$150.06 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	XRECTORS	SIN 11	
TITLE	D Delete TITI						l	Change	Addition	
NAME STREET ADORESS	FRISCH, HANS 1741 WEST BEAVER STREET Street			ET ADDRESS					ı	
CITY-ST-ZIP				-ST-21P					1	
TITLE	D Delete Tith						i	Change	☐ Addition	
NAME	FRISCH, BENJAMIN P									
STREET ADDRESS CITY-ST-2IP				ET ADORESS -ST-ZIP						
TITLE	D Delete TITE						i	Change	Addition	
NAME	FRISCH, E. KARL	NAM	- 1							
STREET ADDRESS CITY-ST-ZIP	The state of the s			ET ADDRESS -ST-ZIP					j	
IITLE		☐ Delete	TITLE	:		·		Change	Addition	
HAME		· - ·	NAM						i	
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NAME		□ oces	NAM				,			
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-S1-21P		O Charles Commen	I forman a series			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Hans Fizier 4/25/06 354-5533										