

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005361

FILED
Mar 12, 2005
Secretary of State

Entity Name: BECKHAM PARTNERS, L.L.C.

Current Principal Place of Business:

12907 YACHT CLUB PLACE
CORTEZ, FL 342152563

New Principal Place of Business:

Current Mailing Address:

12907 YACHT CLUB PLACE
CORTEZ, FL 342152563

New Mailing Address:

FEI Number: 65-1007636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKHAM, LEWIS S
12907 YACHT CLUB PLACE
CORTEZ, FL 342152563 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: MGR () Delete
Name: BECKHAM, JACQUELYN
Address: 12907 YACHT CLUB PLACE
City-St-Zip: CORTEZ, FL 342152563

Title: MGR () Delete
Name: BECKHAM, LEWIS S
Address: 12907 YACHT CLUB PLACE
City-St-Zip: CORTEZ, FL 342152563

Title: MGR () Delete
Name: ERICKSON, JENNIFER B
Address: 406 118TH AVE SE APT. 21
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: ERICKSON, JENNIFER B
Address: 7847 NE 125TH ST.
City-St-Zip: KIRKLAND, WA 98034

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: LEWIS S BECKHAM

MGR

03/12/2005

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