

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90118 024 ****50.00

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04192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000005361 1. Entity Name BECKHAM PARTNERS, L.L.C.					
Principal Place of Business 12907 YACHT CLUB PLACE CORTEZ, FL 34215-2563			Mailing Address 12907 YACHT CLUB PLACE CORTEZ, FL 34215-2563		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1007636	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECKHAM, LEWIS S 12907 YACHT CLUB PLACE CORTEZ, FL 34215-2563			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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BECKHAM, JACQUELYN 12907 YACHT CLUB PLACE CORTEZ, FL 342152563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BECKHAM, LEWIS S 12907 YACHT CLUB PLACE CORTEZ, FL 342152563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ERICKSON, JENNIFER B 7847 NE 125TH ST. KIRKLAND, WA 98034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Le. S. B. B. B.</i></u> 4/19/07 941-928-3960		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		