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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000006321

1. Entity Name  
**BESHEARS PROPERTY MANAGEMENT, LLC**



Principal Place of Business      Mailing Address  
 2909 BAY TO BAY BLVD WEST, SUITE 408      2909 BAY TO BAY BLVD WEST, SUITE 408  
 TAMPA, FL 33629      TAMPA, FL 33629

2. Principal Place of Business      3. Mailing Address

Site, Apt. #, etc.      Site, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For

**59-3657597**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BESHEARS, DAVID**  
 2909 BAY TO BAY BLVD WEST, SUITE 408  
 TAMPA, FL 33629

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      NOTE: Registered Agent's signature required when withdrawing

**FILE NOW!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BESHEARS, DAVID	2909 BAY TO BAY BLVD W.	TAMPA, FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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CR2003 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE: [Signature]      Date: 5/29/03      Office Phone #: 813-838-6352