

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

**FILED**


03 SEP 29 AM 9:11  
 09-25-2003 90039 015 \*\*\*\*\*50.00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**NJN**

**DOCUMENT # L00000006321**


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



Principal Place of Business 2909 BAY TO BAY BLVD WEST, SUITE 408 TAMPA FL 33629	Mailing Address 2909 BAY TO BAY BLVD WEST, SUITE 408 TAMPA FL 33629
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2. Principal Place of Business <b>610 S. Albany</b>	3. Mailing Address <b>610 S. Albany</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33606</b>	Country <b>USA</b>



9/20  CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3657597** Applied For  
 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 **David Beshears**  
 Street Address (P.O. Box Number is Not Acceptable)  
**610 S. Albany Avenue**  
 City **Tampa** FL Zip Code **33606**

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: **9/22/03**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By September 24, 2003

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Beshears, David 610 S. Albany Avenue Tampa, FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11- I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **9/22/03 813-254-280**