

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

PAGE 1

DOCUMENT # L01000006178

1. Entry Name

B-III Farms & Properties, LLC



FILED

JAN 29 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2 North Bishop Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2568

Suite, Apt. #, etc.

City & State  
Cross City, Florida

City & State  
Cross City, Florida

4. FEI Number 59-3716864

Applied For  
Not Applicable

Zip  
32628-2568

Country  
USA

Zip  
32628-2568

Country  
USA

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name T. L. Beckham

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 2568 (Bishop Street-2N)

City Cross City, Florida

FL

Zip Code  
32628-2568

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

*T.L. Beckham*

Manager/Member

01-27-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

300011786739

02/04/03--01059--030 \*\*100.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
T.L. Beckham  
STREET ADDRESS  
P.O. Box 2568 (Bishop Street-2N)  
CITY-ST-ZIP  
Cross City, Florida 32628-2568

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

*BT*

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

2002

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

&

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

2003 UBR

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

*T.L. Beckham*

Manager/Member

01-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)

L 01000006178

PAGE 2

B-III FARMS & PROPERTIES, LLC  
Len Beckham, Manager  
Post Office Box 2568  
Cross City, Florida 32628-2568

January 27, 2003

Mr. Buck Kohr  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: UBR - 2002 and 2003  
#L01000006178

*BK*

Dear Mr. Kohr:

This is to advise that we never received the UBR Form for 2002 and was not aware it was required. Thank you for your assistance with this report.

Enclosed please find the required report and our check #1090 for \$100.00 for the year 2002 and 2003.

Please REACTIVATE this account and note the mailing address is P.O. Box 2568. There is no home delivery in Cross City.

Sincerely,

B-III FARMS & PROPERTIES, LLC

*Len Beckham*  
Len Beckham

LB/mhd

Enclosures: Check #1090 for \$100.00  
UBR Form

FILED  
03 JAN 29 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA