## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L010000 20899

1. Entity Name

BEW LAND TRUST, LLC



## FILED Aug 24, 2004 8:00 am Secretary of State

08-24-2004 90047 038 \*\*\*\*50.00

24081312

DO NOT WRITE IN THIS SPACE

| i.<br>  | <del>_</del>   |   | <u></u>  |
|---|--|---|--|
| 2. Principal Place of Business  | 3. Mailing Address                                       | . 441   |  |
| 5630 N. Hwy 441 Suite, Apt. #, etc.   | 3. Mailing Address<br>5630 N. Hwy<br>Suite, Apt. #, etc. | 771   | DO NOT WRITE IN THIS SPACE   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                      |   | DO NOT WHITE IN THIS SPACE   |
| City & State  | City & StAge   | 21112   | 4. FEI Number Applied For  |
| Ocala Pb 34475  | Ocula Pl   | 34475   | 4. FEI Number Applied For Not Applicable   |
| 34475 Maria   | 34475 X  | ountry<br>Jarrin                                  | 5. Certificate of Status Desired See Required \$5.00 Additional Fee Required   |
|   |  |   | 7. Name and Address of Current Registered Agent  |
| DO NOT WRITE  |  | Street Address P.O. Box Nymber is Not Acceptable) |  |
|   |  |   |  |
|   | 1 = 0 = 0 m  |   |  |
| ·<br> -   |  | CityOcal  | FL Zin Code 7.   |
| 8. The above named entity submits this statement                                      | for the purpose of changing its regis                    | stered office or registe                          | ered agent, or both, in the State of Florida. I am familiar with, and accept   |
| the obligations of registered agent.  |  |   |  |
| CICALATURE  |  |   |  |
| SIGNATURE Signature, typed or printed name of registered age                          | int and title if applicable.                             |   | DATE   |
| FEE IS \$50.00  |  |   |  |
| Make Check Payable to Florida Departm   |  |   | ent of State   |
|   | DUE  | BY MAY 1  |  |
|   | BERS/MANAGERS  |   |  |
| TITLE MGR.  |  | TITLE   |  |
| NAME WALTER BORING  |  | NAME<br>STORES ADDRESS                            |  |
| NAME STREET ADDRESS CITY-ST-ZIP COALA  WALTER BORN G 5630 N. Huy 441 COALA  OCALA  34 | 1/7:   | STREET ADDRESS CITY-ST-ZIP                        |  |
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| TITLE   | *  | TITLE   |  |
| NAME  | <b>1</b>   | NAME  |  |
| STREET ADDRESS  |  | STREET ADDRESS                                    |  |

11. I hereby certify that the information supplied with this filling 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 figure 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE