2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006647

1. Entity Name
BEAUMAR PROPERTIES, LLC



FILED Feb 01, 2008 08:00 Al Secretary of State

Principal Place of Business

3351 MARINATOWN LANE STE 500

NORTH FORT MYERS, FL 33903

Mailing Address

3351 MARINATOWN LANE STE 500

NORTH FORT MYERS, FL 33903



DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3082921

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANSING, STEVEN L 3351 MARINATOWN LANE STE 500 NORTH FORT MYERS, FL 33903

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE
File NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANSING, STEVEN L 2506 SW 52ND STREET CAPE CORAL, FL 33914	The state of the s	00000812140
TITLE	Р	02/1	00000812140 2/08-80033-027 143.75
NAME	TAYLOR, KEITH		
STREET ADDRESS CITY-ST-ZIP	1824 SE 20TH LANE CAPE CORAL, FL 33990		•
TITLE NAME STREET ADDRESS	TOTAL CONTRACT LA COCCO		
CITY ST-ZIP		DO NO	Γ WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE		the state of the party of	

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SILL OF DEPUTE NAME OF ARRIVING MANAGING WEIGHT OF AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #