

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 27, 2003 8:00 am  
Secretary of State

02-27-2003 90004 009 \*\*\*\*50.00

**DOCUMENT # L02000012353**



1. Entity Name  
**BEACON LAND MANAGEMENT, L.L.C.**

Principal Place of Business  
**1033 HOMEWOOD AVENUE  
MELBOURNE FL 32940**

Mailing Address  
**1033 HOMEWOOD AVENUE  
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**84-3672186**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM A  
21 SUNTREE PLACE STE. 100  
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name **Stacey W Pelchat**

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

**1033 Homewood Ave**

City **Melbourne**

FL

Zip Code **32940**

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 *Stacey W Pelchat*

**Stacey W Pelchat**

**2/24/03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Manager	Stacey W Pelchat	1033 Homewood Ave	Melbourne, FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Stacey W Pelchat* **Stacey W Pelchat**

**2/24/03 321242-7721**

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

Date Daytime Phone #

CR2E083 (10/02)