

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90409 041 ****50.00

DOCUMENT # L02000035012 1. Entity Name BEECH PROPERITES, LLC				 00000040	
Principal Place of Business 309 EGRET LANE WESTON, FL 33327			Mailing Address 309 EGRET LANE WESTON, FL 33327		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3735760	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARSHCAVER, MARK D 12169 SHERIDAN ST. COOPER CITY, FL 33026				7. Name and Address of New Registered Agent Name Mark D. Warshaver Street Address (P.O. Box Number is Not Acceptable) 12169 Sheridan Street City Cooper City FL Zip Code 33026	
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 Mark D. Warshaver CPA DATE 4/16/2003 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when ensuring)					
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	MGRM LAMBROS, MICHELLE 309 EGRET LANE WESTON, FL 33327	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBROS, GEORGE 309 EGRET LANE WESTON, FL 33327	☐ Delete			
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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: [Signature] DATE 4/16/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)