

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-26-2005 90061 001 ****50.00

DOCUMENT # L03000013501 1. Entity Name B.E. DEVCO, L.L.C.																																															
Principal Place of Business 2190 J&C BLVD. NAPLES, FL 34109			Mailing Address 2190 J&C BLVD. NAPLES, FL 34109																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		Zip																																											
4. FEI Number 54-2107658 Applied For <input type="checkbox"/> Not Applicable																																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																															
6. Name and Address of Current Registered Agent HEUERMAN, PAUL K 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES, FL 34103				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																											
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%;"> MGR MULLERSMAN, STEVEN J 2190 J&C BLVD. NAPLES, FL 34109 </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="width: 50%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MULLERSMAN, STEVEN J 2190 J&C BLVD. NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 606, Florida Statutes.																																															
SIGNATURE: <u>Steven J. Mullersman</u> STEVEN J. MULLERSMAN 1/21/05 (239) 591-0100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																															

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