



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90106 031 ****50.00

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|---|--|--|--|--|--|
| DOCUMENT # L04000025254 1. Entity Name BECK'S REMODELING & CONSTRUCTION, LLC | | | |  | |
| Principal Place of Business 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548 US | | | Mailing Address 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548 US | | |
| 2. Principal Place of Business 312 Vaughan St. NW Suite, Apt. #, etc. Ft. Walton Bch., FL City & State Ft. Walton Bch., FL Zip 32548-3946 Country U.S.A. | | 3. Mailing Address P.O. Box 2035 Suite, Apt. #, etc. City & State Ft. Walton Bch., FL Zip 32549-2035 Country U.S.A. | |  | |
| 01182005 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 94-3123924 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BECK, ROBERT W 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Same 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 <u><i>R.W. Beck</i></u> <u><i>Robert W. Beck</i></u> <u><i>1/19/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BECK, ROBERT W 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548 <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 | MGRM BECK, LYNN K 312 VAUGHAN ST NW FORT WALTON BEACH, FL 32548 <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 608, Florida Statutes. | | | | | |
| SIGNATURE: <u><i>Lynn Kelly Beck</i></u> <u><i>R.W. Beck</i></u> <u><i>1/19/05</i></u> <u><i>850-830-6810</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> <u><i>Lynn Kelly Beck, Robert W. Beck</i></u> | | | | | |