


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 004 ****50.00

DOCUMENT # L04000076988 1. Entity Name BEEMS CONSTRUCTION COMPANY, LLC	
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Principal Place of Business 2129 S. TAMiami TRAIL OSPNEY, FL 34229	Mailing Address 2129 S. TAMiami TRAIL OSPNEY, FL 34229
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20066597

2. Principal Place of Business 4602 Ashton Road Suite, Apt. #, etc.	3. Mailing Address 4602 Ashton Rd Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34233	Zip 34233
Country USA	Country USA

07192005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2033559 20-1986449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, RANDALL L 2129 S. TAMiami TRAIL OSPNEY, FL 34229	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, RANDALL L 2129 S. TAMiami TRAIL OSPNEY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Beems Construction Co., Inc. 4602 Ashton Road Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941-924-7267
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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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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date: 7/28/05 Daytime Phone #: 941-924-7267