

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000009838

**FILED**  
**Aug 08, 2007**  
**Secretary of State****Entity Name:** VAN BEEK ENTERPRISES, LLC**Current Principal Place of Business:**1215 S.W. 104TH STREET  
GAINESVILLE, FL 32607**New Principal Place of Business:**7709 SW 57TH LANE  
266  
GAINESVILLE, FL 32608**Current Mailing Address:**1215 S.W. 104TH STREET  
GAINESVILLE, FL 32607**New Mailing Address:**7709 SW 57TH LANE  
266  
GAINESVILLE, FL 32608**FEI Number:** 20-2152808**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MICHAEL THOMAS VAN BEEK  
1215 S.W. 104TH STREET  
GAINESVILLE, FL 32607 US**Name and Address of New Registered Agent:**MICHAEL THOMAS VAN BEEK  
7709 SW 57TH LANE  
266  
GAINESVILLE, FL 32608 US

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.

SIGNATURE: MICHAEL THOMAS VAN BEEK

08/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** MICHAEL THOMAS VAN B, EEK  
**Address:** 1215 S.W. 104TH STREET  
**City-St-Zip:** GAINESVILLE, FL 32607**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** MICHAEL THOMAS VAN B, EEK  
**Address:** 7709 SW 57TH LANE APT 266  
**City-St-Zip:** GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL THOMAS VAN BEEK

PRES

08/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date