2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000013314 01-26-2007 90080 002 ****50.00 1. Entity Name B.E. LAND, LLC Principal Place of Business Mailing Address 213B TRUMAN STREET 213B TRUMAN STREET FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20 4391470 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENNINGS, JONNIE M -Street Address (P.O. Box Number is Not Acceptable) 4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579 City 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 Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE ☐ Change TITLE ☐ Delete BARLOW, WAYNE NAME NAME STREET ADDRESS 213B TRUMAN STREET STREET ADDRESS FORT WALTON BEACH, FL 32547 CITY+ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TTTLE TITLE NAME STREET ADDRESS STREET ADDRESS CJTY-ST-71P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 26, 2007 8:00 am