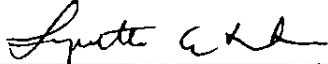


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 21, 2007 8:00 am
Secretary of State

04-23-2007 90367 034 ****50.00

DOCUMENT # L06000046104 1. Entity Name BEOWULF BUTTE LLC																													
Principal Place of Business PO BOX 64-3550 VERO BEACH, FL 32964			Mailing Address PO BOX 64-3550 VERO BEACH, FL 32964																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		30008368  04172007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-4808025 Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LANDERS, GWEN Y 2015-B 9TH STREET SW VERO BEACH, FL 32965																									
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 _____ DATE _____ Signature typed or printed name of registered agent and date, if applicable. (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																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MACLEOD, LYNETTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 64-3550</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VERO BEACH, FL 32964</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	MGR	☐ Delete	NAME	MACLEOD, LYNETTE		STREET ADDRESS	PO BOX 64-3550		CITY-ST-ZIP	VERO BEACH, FL 32964		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
SIGNATURE:  4/17/07 772 332 7777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Reverse Phone #																													