


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90099 037 \*\*\*138.75

**DOCUMENT # L06000088523**

1. Entity Name  
 NORTH BECKS LAKE, L.L.C.



|   |   |
|---|---|
| Principal Place of Business<br>1700 OSCEOLA BLVD<br>PENSACOLA, FL 32503 | Mailing Address<br>1700 OSCEOLA BLVD<br>PENSACOLA, FL 32503 |
|---|---|

50002838



**DO NOT WRITE IN THIS SPACE**

02242008 No Chg-LLC      CR2E083 (12/07)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>NOT APPLICABLE                           | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

**8. Name and Address of Current Registered Agent**

LEUCHTMAN, GARY B  
 501 COMMENDENCIA STREET  
 PENSACOLA, FL 32502

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BROWN, WARREN <i>TED</i><br>1700 OSCEOLA BLVD.<br>PENSACOLA, FL 32503 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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:** *Warren Ted Brown* **WARREN TEBROWN MM**      2/25/08      850-982-1907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #