

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90112 042 ****55.00

DOCUMENT # L06000098018	
1. Entity Name BEUCHER ENTERPRISES, LLC	

60049709

Principal Place of Business 2481 W. TROPICANA PARKWAY CAPE CORAL, FL 33993	Mailing Address 2481 W. TROPICANA PARKWAY CAPE CORAL, FL 33993
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5746626	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREEN, BRUCE D 1380 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919	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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUCHER, DUANE F 2481 W. TROPICANA PARKWAY CAPE CORAL, FL 33993 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUCHER, THERESA M 2481 W. TROPICANA PARKWAY CAPE CORAL, FL 33993 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUCHER, CHRISTOPHER D 2481 W. TROPICANA PARKWAY CAPE CORAL, FL 33993 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEUCHER, CHRISTOPHER D 2481 W. TROPICANA PARKWAY CAPE CORAL, FL 33993 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

THERESA M. BEUCHER MGR 4-28-07 239-282-9384

Date

Daytime Phone #