2008 LIMITED LIABILITY COMPANY

Apr 15, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L07000095259** 04-15-2008 90099 002 ***138.75 BECKS LAKE FISH CAMP, LLC Principal Place of Business Mailing Address 50002849 1700 OSSEQLA BEVD. 1700 OSCEOLA BLVD. PENSACOLA, FE-32503 PENSACOLA, FL 32503 2. Principal Place of Business - No P.O. Box # 2020 Becks LAK Rd. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For **ABB** 26-1091753 ENSA COLA Not Applicable 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 Name LEUCHTMAN, GARY B 🔧 Street Address (P.O. Box Number is Not Acceptable) 501 COMMENDENCIA STREET PENSACOLA, FL 32502 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 famillar 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 reinstating) Make check payable to Florida Department of State FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 The bound of the book of the b MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. T/BROWN MGRM ☐ Change Addition TIBE TITLE ☐ Delete warrented Brown, 1700 Osceola Blvd. NAME NAME DESEOLA BLUD. STREET ADDRESS STREET ADDRESS Pensacola FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WARREN TEL BROWN MM

VATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED