

02-18-2008 90079 015 \*\*\*138.75

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| DOCUMENT # L07000108045                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                        |  |             |  |
| 1. Entity Name<br>BEUKEMA PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                        |  |                                                                                              |  |
| Principal Place of Business<br>1263 12TH AVENUE EAST<br>PALMETTO, FL 34221                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br>P.O. BOX 1149<br>PALMETTO, FL 34220 |  |                                                                                              |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 3. Mailing Address                                     |  | 30001714                                                                                     |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Suite, Apt. #, etc.                                    |  | 02142008 Chg-LLC CR2E083 (12/06)                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | City & State                                           |  | 4. FEI Number<br>59-2757124                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Country                                                |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional/<br>Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>HARRISON, KIRKLAND, PRATT & CHULOCK, P.A.<br>1206 MANATEE AVENUE WEST<br>BRADENTON, FL 34205                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | 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: <u>Kenneth Beukema</u> KENNETH BEUKEMA - PRESIDENT 2-14-08<br><small>(NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                                                                              |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2006 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  | Make check payable to<br>Florida Department of State                                         |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                        |  | 10. ADDITIONS/CHANGES                                                                        |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |  | PD<br>KENNETH BEUKEMA<br>1263 12TH AVE E<br>PALMETTO, FL 34221                               |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |  |                                                                                              |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |  |                                                                                              |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |  |                                                                                              |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                        |  |                                                                                              |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |                                                        |  |                                                                                              |  |
| SIGNATURE: <u>Kenneth Beukema</u> KENNETH BEUKEMA - PRESIDENT 2-14-08                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                        |  |                                                                                              |  |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                        |  |                                                                                              |  |
| <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                        |  |                                                                                              |  |

941-723-1611