2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A12647

1. Entity Name
BEACHWOOD, LTD.

Principal Place of Business	Mailing Address
4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205

01202005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-2201565
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAVEY, JERRY R 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205	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 title if applicable)

9. Capital Contributions, as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$474,913.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	WALTON, WILLIAM H., JR.	CITY-ST-ZIP	
STREET ADDRESS	3811 MCGIRTS BLVD		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME	WEED, JOSEPH D., JR.	CITY-ST-ZIP	
STREET ADDRESS	4334 MCGIRTS BLVD		
CITY-ST-ZIP	JACKSONVILLE, FL		U00000346129
DOCUMENT #		STREET ADDRESS	04/30/05-80063-016 526.25
NAME	BREEN, ROBERT E.	CITY-ST-ZIP	
STREET ADDRESS	1142 S. EDGEWOOD AVE		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: W.H. Walton Jr. 4-21-05 904-388-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #