2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000001595

1. Entity Name
BEACH VIEW CAPITAL, L.L.C.

Principal Place of Business	Mailing Address
3434 FIDDLERS BEND FERNANDINA BEACH, FL 32034	P.O. BOX 8318 FERNANDINA BEACH, FL 32035-8318

DO NOT WRITE IN THIS SPACE

02092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3633737
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
BLACKBEARD & COMPANY LLC
5150 BELFORT RD S BLDG 500
JACKSONVILLE, FL 32256

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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)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WINSHIP, ELIZABETH A
STREET ADDRESS	3434 FIDDLER BEND
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	MGR
NAME	WINSHIP, EMORY S
STREET ADDRESS	336 BROCKMAN LANE
CITY-ST-ZIP	SONOMA, CA 95476
TITLE	MGR
NAME	PARKER, TANNIS W
STREET ADDRESS	188 HARBOR POINT DRIVE
CITY-ST-ZIP	BRUNSWICK, GA 31523
TITLE	MGR
NAME	WINSHIP, DOUGLAS A
STREET ADDRESS	2260 ASHBURY CLOSE
CITY-ST-ZIP	POWELL, OH 43065
TITLE	MGR
NAME	WINSHIP, J.D. CAMERON
STREET ADDRESS	7911 JAMES ISLAND TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000433124
02/24/06-80004-011 50.00

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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 609, Florida Statutes.

SIGNATURE: _____ 2-9-06 912-265-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #