2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

		ANNUAL N	EPUNI (AN	<b>)</b>			
DOCUMENT # L04000049597  1. Entity Name							
BEACHWALK VILLAGE, LLC					05 AUG 10 PH 2: 51		
Principal Plac	ce of Busines	s	Mailing Address				
1234 AIRPORT ROAD, SUITE 215			1234 AIRPORT ROAD, SUITE 215		215	A Property of the Control of the Con	
DESTIN FL 32541			DESTIN FL 32541		2.0		
Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)	
City & State			City & State			4. FEI Number 59 – 3755 013 Applied Fo	
Zip	Country		Zip Country		ntry	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					None	7. Name and Address of New Registered Agent	
OLSON, RICHARD					Name		
123		RT ROAD, SUITE 2	15		Street Address	ss (P.O. Box Number is Not Acceptable)	-
					City	FL Zip Code	
	e named entit		or the purpose of changing it	s register	ed office or regist	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SICNATI IDE	_	_					
· · · · · ·	Signature, typed	or printed name of registered agent	and little if applicable (NO	i E Registere	ed Agent signature requi	ured when reinstating) DATE	
					FEE IS \$50.00		
			Make Check Payat		-	nent of State	
			Du	ie By M	ay 1, 2005		
9. MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/CHANGES	
TITLE	MGRM Delete Titt				<b>I</b>	☐ Change ☐ Ad	dition
NAME OLDSET ADODESS				NAM	-		
STREET ADDRESS CITY-ST-ZIP	DESTIN FL	ORT ROAD, SUITE 215			EET ADDRESS Y-ST-ZIP		
TITLE	DESTINATE		Delete	THIL		☐ Change ☐ Ad	dition
NAME			□ Delete	NAN	<b>I</b>	300054228423	uanon
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name Street address			•	STR	EET ADDRESS		
					EET ADDRESS Y-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied wit it is true and accurate and ny or the receiver or <del>Ineste</del>	h this filing does not qualify fo d that my signature shall ha <u>ve</u> ஓ எந்ந்து <b>யுள்</b> கி to காக்சர்க் நிச்	CITY	Y-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the informati if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.	 on
STREET ADDRESS CITY-ST-ZIP	certify that the don this repo- ability compar	e information supplied wit rt is true and accurate and ny or the receiver or truste	n this filing does not qualify for that my signature shall have a empowered to exposing this	CITY	Y-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the informati if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.	on
STREET ADDRESS CITY-ST-ZIP	d on this repo ability compar	e information supplied wit it is true and accurate and ny or the receiver or truste	n this filing does not qualify for the transfer of that my signature shall have a empowered to execute this	CITY	Y-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the informati if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.	on