
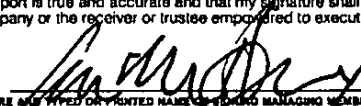


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

04-06-2006 90297 025 ****55.00

DOCUMENT # L05000040318				
1. Entity Name BEACH AND ATLANTIC DEVELOPERS, LLC				
Principal Place of Business 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		Mailing Address 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02172008 Chg-LLC CR2E083 (11/05)
4. FEI Number 20-3403525				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SIMON, BERT C ESQ 1660 PRUDENTIAL DRIVE, STE. 203 JACKSONVILLE, FL 32207			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MANAGING MEMBER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Andrew M. Howe	NAME		
STREET ADDRESS	328 2ND AVE. NORTH	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP		
TITLE	MEMBER MANAGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	J. Cullen Richard	NAME		
STREET ADDRESS	328 2nd Avenue N.	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	CITY-ST-ZIP		
TITLE	MEMBER MANAGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARK A. WERNER	NAME		
STREET ADDRESS	1819 Ocean Drive South	STREET ADDRESS		
CITY-ST-ZIP	Jacksonville Beach FL 32250	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: 		Date: 2/22/06		Daytime Phone #: 904-270-0270
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				