
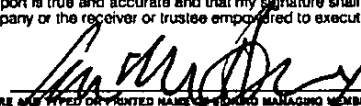


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L05000040318</b>				
<b>1. Entity Name</b> BEACH AND ATLANTIC DEVELOPERS, LLC				
<b>Principal Place of Business</b> 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		<b>Mailing Address</b> 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02172008 Chg-LLC CR2E083 (11/05) <b>4. FEI Number</b> 20-3403525 <input type="checkbox"/> Applied For Not Applicable
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>	
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
<b>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.</b>				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>	
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		
<b>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.</b>				
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>				