


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90045 037 ***138.75

DOCUMENT # L06000093762 1. Entity Name BEACH GROUP RENTALS, LLC	
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Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228	Mailing Address PO BOX 10210 FORT SMITH, AR 72917
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00000100



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102008 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number 20-5605811	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALMER, CHARLES G 4134 GULF OF MEXICO DRIVE SUITE 301 LONGBOAT KEY, FL 34228	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete ALFORD, JOHN D 6301 CLIFF DRIVE FORT SMITH, AR 72903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CHARLES G. PALMER INTER VIVOS TRUST 4134 GULF OF MEXICO DRIVE, SUITE 301 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles Palmer* *1-28-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #