

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90342 005 ****50.00

DOCUMENT # L01000010831

1. Entity Name

BEACHWALK PROPERTIES GROUP, LLC



Principal Place of Business

**7635 ALISTER MACKENZIE DR.
SARASOTA FL 34240**

Mailing Address

**7635 ALISTER MACKENZIE DR.
SARASOTA FL 34240**

20016236

2. Principal Place of Business

15 PARADISE PLAZA

Suite, Apt. #, etc.

356

3. Mailing Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

356

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34239

Country

Zip

34239

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1121609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINSEY FREY, KIM
POINT OF ROCKS MANAGEMENT 7635
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WIMSEY-FREY, KIM**
STREET ADDRESS **7635 ALISTER MACKENZIE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **MGR** ☐ Delete
NAME **FREY, MARTIN**
STREET ADDRESS **7635 ALISTER MACKENZIE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kim Frey
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/03

Date

941-582-1687

Daytime Phone #

CR2E083 (10/02)