2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000019825

Entity Name: BEACH/PEACH, LLC

Current Principal Place of Business:

5001 PHILIPS HIGHWAY

#7-B

JACKSONVILLE, FL 32207

Current Mailing Address:

5001 PHILIPS HIGHWAY

#7-B

JACKSONVILLE, FL 32207

FEI Number: 27-1961327 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRUMMOND, KENNETH 5001 PHILIPS HIGHWAY

#7-B

JACKSONVILLE, FL 32207 US

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.

SIGNATURE: KENNETH DRUMMOND 04/17/2014

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MANAGING MEMBER, PRESIDENT, Title VP, ASST. SECRETARY, TREASURER

ASST. SECRETARY Name GLEIM, GARRETT W.

Name PARSONS, ALLAN T. JR. 5001 PHILIPS HIGHWAY Address

5001 PHILIPS HIGHWAY Address #7-B

#7-B City-State-Zip:

JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. TREASURER, Title VP. SECRETARY ASST. SECRETARY

Name DRUMMOND, KENNETH Name GLEIM, LAWRENCE A.

Address 5001 PHILIPS HIGHWAY Address 5001 PHILIPS HIGHWAY #7-B #7-B

JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER, VP, ASST. SECRETARY Title MEMBER

Name GLEIM, IRVIN N. Name GARRETT GLEIM LIVING TRUST DATED 12/24/09

5001 PHILIPS HIGHWAY

Address 5001 PHILIPS HIGHWAY #7-B

#7-B JACKSONVILLE FL 32207 City-State-Zip:

JACKSONVILLE FL 32207 City-State-Zip:

City-State-Zip:

Address

Name

Title **MEMBER** PROPERTY PLANNING, INC.

Address 5001 PHILIPS HIGHWAY

#7-B

City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN T. PARSONS, JR.

04/17/2014 **PRESIDENT**

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 17, 2014

Secretary of State

CC2026935963