


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90087 038 ****50.00

DOCUMENT # L00000001595	
1. Entity Name BEACH VIEW CAPITAL, L.L.C.	

Principal Place of Business 3434 FIDDLERS BEND FERNANDINA BEACH, FL 32034	Mailing Address P.O. BOX 8318 FERNANDINA BEACH, FL 32035-8318
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
01222007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 59-3633737	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 BLACKBURN, DENNIS L BLACKBEARD & COMPANY LLC 5150 BELFORT RD S BLDG 500 JACKSONVILLE, FL 32256
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

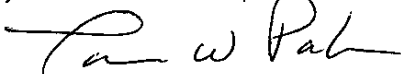
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINSHIP, ELIZABETH A 3434 FIDDLER BEND FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINSHIP, EMORY S 336 BROCKMAN LANE SONOMA, CA 95476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 406 San Lorenzo Court
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARKER, TANNIS W 188 HARBOR POINT DRIVE BRUNSWICK, GA 31523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINSHIP, DOUGLAS A 2200 ASHBURY CLOSE POWELL, OH 43065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINSHIP, J.D. CAMERON 7911 JAMES ISLAND TRAIL JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	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"/> Delete	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: 

1-23-07