2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 17, 2005. 08:00 AM Secretary of State

DOCUMENT # L0000005009 1. Entity Name BEACHED, L.C								Se		ry of S	
Principal Place 2033 MAIN SARASOTA, I	ST., STE. 60		Mailing Address 2033 MAIN ST., STE. 600 SARASOTA, FL 34237			 	dzi mwali mwiri wweli wwili	azili kaili bolet	Allif walli awila ti	ni 20% ilir iyar	
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.				01202005	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State				4. FEI Numl 65-10				oplied For ot Applicable
Zlp	Country		Zip	Coun	itry		5. Certificat	e of Status Desire	; <u> </u>	\$5.00 Add Fee Require	ditional
	6. Name	and Address of Current	Registered Agent	gistered Agent Name			7. Name an	d Address of Nev	/ Registered	Agent	
MYERS, TROY H JR, ESQ 2033 MAIN ST., STE. 600 SARASOTA, FL 34237			 	Street Address		Idress (F	P.O. Box Numi	ber is Not Accepta	ble)		
					City				FI	Zip Cod	ie
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 little if applicable (NOTE	Registered	d Agent signature	e required t	when reinstating)		DATE		<u> </u>
Filing Fee is \$50.00 Due by May 1, 2005							İ		ake check _l da Departn	payable to nent of State	e
9.		MANAGING MEMBE	RS/MANAGERS		10.			ADDITION	S/CHANGE:	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2033 MAIN	ROY H JR N ST., STE. 600 Ā, FL 34237	□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					: Et address St-zip		//00000233/43 □ Change □ Addition 02/17/05-80031-001 50.00				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Celate				T AODRESS ST-ZIP					☐ Change	Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Description 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 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 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 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 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 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 the information indicated on this report is true and accurate and the information indicated on this report is true and accurate and acc											