## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCU  1. Entity Nam BEACHE		009		Secre	etary of Stat	
ł '	te of Business ST., STE. 600 FL 34237	Mailing Address 2033 MAIN ST., STE, 600 SARASOTA, FL 34237	-	* Aug 11849 #11 88555 #18555		
				07052007 No Chg-LLC CR2E083 (11/05)		
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-1003886  5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent						
MYERS, TROY H JR, ESQ 2033 MAIN ST., STE. 600 SARASOTA, FL 34237			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida.	am familiar with, and accept	
Fil Due b	Signature, typed or printed name of registered agent as ling Fee is \$50.00 by September 14, 2007		d Againt signature required	when reinstating) DA	TE	
9. Tale	MANAGING MEMBER	RS/MANAGERS	-			
NAME	MYERS, TROY H JR					
STREET ADDRESS CITY-ST-ZIP	2033 MAIN ST., STE. 600 SARASOTA, FL 34237			U000007675i	63	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				U00000767563 07/10/07-80009-016 50.00		
313LE			I			

DO NOT WRITE IN THIS SPACE

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 eath; 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: Make

NAME STREET ADDRESS

MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

CITY-ST-ZIP TITLE

Troy H. Myers, Jr., Manager July 5, 2007 (941) 953-8110

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

Date

Daytime Phone #