## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # L00000006936** 05-02-2005 90082 011 \*\*\*\*50.00 **BEACH VACATIONS, LLC** Principal Place of Business 4431 GAN WAS ST. PO BOX 51114 PO BOX 511144 PORT CHARLOTTE, FL 33948 FORT Charlotte PUNTA GORDA, FL 33951 04242005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1042826 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WYNN, CHERYL G DO NOT WRITE 4460 BELFOUNTAIN ST PORT CHARLOTTE, FL 33948 IN THIS SPACE 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 pgistered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MAÑAGING MEMBERS/MANAGERS 9. MGRM TITLE WYNN, CHERYL G 4431 GANYARD ST. NAME 4460 BELFOUNTAIN ST STREET ADDRESS PORT CHARLOTTE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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

**FILED**