
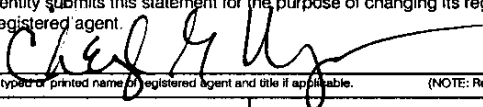



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90016 022 ****50.00

DOCUMENT # L00000006936					
1. Entity Name BEACH VACATIONS, LLC					
Principal Place of Business 4431 GANYARD ST PORT CHARLOTTE, FL 33980 US			Mailing Address PO BOX 511144 PUNTA GORDA, FL 33951		
2. Principal Place of Business 4371 GUARD ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State PORT CHARLOTTE, FL		City & State		04212006 Chg-LLC CR2E083 (11/05)	
Zip 33980 Country U.S.A.		Zip Country		4. FEI Number 65-1042826	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WYNN, CHERYL G 4460 BELFOUNTAIN ST PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4371 GUARD ST. City PORT CHARLOTTE FL Zip Code 33980		
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 			DATE 4-21-06		
(NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYNN, CHERYL G 4431 GANYARD ST PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4371 GUARD ST PORT CHARLOTTE, FL 33980
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date 4-21-06 Daytime Phone # 941-766-8126		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					