2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009989

1. Entity Name
ATLANTIC BEACH CONNECTIONS, LLC

Principal Place of Business	Mailing Address
962 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233	962 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233

DO NOT WRITE IN THIS SPACE

06302005No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicab

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COLD, KATHLEEN H
SUITE 2301, ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202

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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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WAIT, SHIRLEEN S
STREET ADDRESS	962 OCEAN BOULEVARD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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07/05/05-80014-014 50.00

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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: _____ 6/30/05