

2001 UNIFORM BUSINESS REPORT (UBR)

0024936 AF

DOCUMENT # L00000010493

1. Entity Name
AVENUE BEACH PROPERTIES, LLC

FILED

01 JAN 29 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
810 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407-2404

Mailing Address
810 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407-2404

2. Principal Place of Business
270 BEACH BIKE WAY
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 611395
Suite, Apt. #, etc.

City & State PANAMA CITY BEACH, FL
Rosemary Beach, FL

City & State
Rosemary Beach, FL

Zip 32413 Country WALTON

Zip 32461 Country WALTON

4. FEI Number
59-3667978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHERSON, THOMAS O
810 PADDOCK CLUB DRIVE
PANAMA CITY BEACH FL 32407-2404

7. Name and Address of New Registered Agent

Name
THOMAS O. MCPHERSON

Street Address (P.O. Box Number is Not Acceptable)
270 BEACH BIKE WAY

City PANAMA CITY BEACH FL Zip Code 32413

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.

SIGNATURE *Thomas O. McPherson*

1/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER-MEMBER THOMAS O. MCPHERSON 270 BEACH BIKE WAY PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ANGELA M. MCPHERSON 270 BEACH BIKE WAY PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003624075 -02/02/01--01031--005 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas O. McPherson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/01 (P5-)534-4500

CR2E083 (11/00)