

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90035 045 \*\*\*\*50.00

<b>DOCUMENT # L00000010493</b> 1. Entity Name AVENUE BEACH PROPERTIES, LLC					
Principal Place of Business 2626 E. PARK AVE. UNIT# 1103 TALLAHASSEE, FL 32301			Mailing Address 1116 FAIRVUE VILLAGE LANE GALLATIN, TN 37066		
2. Principal Place of Business 1116 FAIRVUE VILLAGE LN		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>			
City & State GALLATIN, TN		City & State GALLATIN, TN		4. FEI Number 59-3667978	
Zip 37066		Country SUMNER		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCPHERSON, THOMAS O MANAGER 2626 E. PARK AVE. UNIT# 1103 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: <i>THOMAS O. MCPHERSON</i> Street Address (P.O. Box Number is Not Acceptable): <i>755 GRAND BLVD.</i> <i>B-105-349</i> City: <i>MIRAMAR BEACH</i> FL <i>32550</i>		
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: <i>THOMAS O. MCPHERSON</i> <i>Thomas O. McPherson</i> <i>4/3/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHERSON, THOMAS O 1116 FAIRVUE VILLAGE LANE GALLATIN, TN 37066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHERSON, THOMAS O 2626 E. PARK AVE. UNIT#1103 TALLAHASSEE, FL 32301	<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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Thomas O. McPherson</i> <i>THOMAS O. MCPHERSON</i> <i>4/4/06</i> <i>452-4530</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					