

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90002 024 ****50.00

DOCUMENT # L01000006285

1. Entity Name

BEACHSIDE INVESTMENTS GROUP, L.L.C.

Principal Place of Business

**8438 GULF BLVD.
NAVARRE BEACH FL 32566**

Mailing Address

**8438 GULF BLVD.
NAVARRE BEACH FL 32566**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3714534

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUNTAIN, KENNETH R**8855 NAVARRE PARKWAY****NAVARRE FL 32566**

Name

Street Address (P.O. Box Number is Not Acceptable)

8438 GULF BLVD STE A

City

NAVARRE BEACH**FL**

Zip Code

32566

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

7/2/02**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOUNTAIN, BETTY
1901 RUE LA FONTAINE
NAVARRE FL 32566** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:**SIGNATURE OF REGISTERED AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/2/02**(850) 939-8770**

CR2E083 (4/02)