2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90342 005 ****50.00

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DOCUMENT # L01000010831

1. Entity Name
BEACHWALK PROPERTIES GROUP, LLC

Principal Place of Business	Mailing Address
7635 ALISTER MACKENZIE DR. SARASOTA FL 34240	7635 ALISTER MACKENZIE DR. SARASOTA FL 34240

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15 PARADISE PLAZA	15 PARADISE PLAZA
Suite, Apt. #, etc. #356	Suite, Apt. #, etc. #356
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34239 Country	Zip 34239 Country

4. FEI Number 65-1121609 ☐ 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
WINSEY FREY, KIM POINT OF ROCKS MANAGEMENT 7635 SARASOTA FL 34240	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIMSEY-FREY, KIM 7635 ALISTER MAKENZIE SARASOTA FL 34240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREY, MARTIN 7635 ALISTER MAKENZIE SARASOTA FL 34240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Martin Frey Managing Member SIGNATURE REQUIRED 1/20/03 941-587-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)