

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000011439

1. Entity Name

MIRAMAR BEACH ACCESS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:58

Principal Place of Business

1234 AIRPORT ROAD SUITE 215
DESTIN FL 32541

Mailing Address

1234 AIRPORT ROAD SUITE 215
DESTIN FL 32541

2. Principal Place of Business

4300 Legendary Dr.
Suite, Apt. #, etc. 204

3. Mailing Address

4300 Legendary Dr.
Suite, Apt. #, etc. 204

City & State

Destin, FL
Zip 32541 Country

City & State

Destin, FL
Zip 32541 Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

01-0656420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, RICHARD
1234 AIRPORT ROAD SUITE 215
DESTIN FL 32541
4300 Legendary Dr.
Ste. 204
32541

7. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title is applicable)

(NOTE: Registered agent signature required when reinstating)

DATE

4-28-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME OLSON, RICHARD
STREET ADDRESS 1234 AIRPORT ROAD SUITE 215
CITY-ST-ZIP DESTIN FL 32541

TITLE MGR ☒ Delete
NAME ROSEN, NORMAN S
STREET ADDRESS 2333 BRICKELL AVE. SUITE D-1
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4300 Legendary Dr. Ste. 204
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600076302666
CITY-ST-ZIP 06/19/06--01005--001 ***2150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #

4-28-06

850-650-2858