

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90147 039 ****50.00

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01252007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000014150 1. Entity Name THE BEACHAM GROUP LLC					
Principal Place of Business 1416 CASEY KEY ROAD NOKOMIS, FL 34275			Mailing Address P.O. BOX 1810 NOKOMIS, FL 34274		
2. Principal Place of Business - No P.O. Box # 1220 Casey Key Rd		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Nokomis, FL		City & State		4. FEI Number 65-1131268	
Zip 34275		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 34275		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, JOHN 46 N. WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEACHAM, E. WALTON 1416 CASEY KAY RD. NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEACHAM, DEBORAH M 1416 CASEY KAY RD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEACHAM, DEBORAH M 1416 CASEY KAY RD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEACHAM, DEBORAH M 1416 CASEY KAY RD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEACHAM, DEBORAH M 1416 CASEY KAY RD NOKOMIS, FL 34275	<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:		01/26/2007		941.480.1891	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	