

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014799

Entity Name: BEACH TERRACES, LLC

FILED
May 15, 2008
Secretary of State

Current Principal Place of Business:

664 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

2970 PEACHTREE ROAD
SUITE 500
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-2650265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FENELON, CURT
200 EXECUTIVE WAY SUITE 210
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

FENELON, CURT
664 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: _____

05/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IH JAX LLC,
Address: 2970 PEACHTREE ROAD SUITE 500
City-St-Zip: ATLANTA, GA 30305

Title: MGRM () Delete
Name: SOUTHEASTERN INVESTM, ENT ASSOCIATES , INC.
Address: 664 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CURT FENELON

MGR

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date