

2002 UNIFORM BUSINESS REPORT (UBR)

1. **FILED**
Mar 10, 2002 8:00 am
Secretary of State

01-23-2002 90084 001 *****50.00

DOCUMENT # L01000018253

1. Entity Name

BEACH PARTNERS, L.L.C.

Principal Place of Business

**307 VENTANA BLVD.
 SANTA ROSA BEACH FL 32459**

Mailing Address

**307 VENTANA BLVD.
 SANTA ROSA BEACH FL 32459**

71230

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

03-0390863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCUS-VARNADORE, ROSALYN
 307 VENTANA BLVD.
 SANTA ROSA BEACH FL 32459**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREMER, MARK 3936 KNOLLWOOD TRACE BIRMINGHAM AL 35243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREMER, SUSAN 3936 KNOLLWOOD TRACE BIRMINGHAM AL 35243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, TIMOTHY B 4421 HOCKADAY DRIVE DALLAS TX 75229	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JUDITH ANNE 4421 HOCKADAY DRIVE DALLAS TX 75229	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARNADORE, WILLIAM E JR. 307 VENTANA BLVD. SANTA ROSA BEACH FL 32459	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS-VARNADORE, ROSALYN 307 VENTANA BLVD. SANTA ROSA BEACH FL 32459	☐ 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: *Marcus Varnadore*

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

1-12-02 800-621-4326

Date

Daytime Phone #

CR2E083 (9/01)