


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2005 8:00 am
Secretary of State

05-02-2005 90102 010 ****50.00
08-04-2005 90079 015 ****50.00

DOCUMENT # L01000020553					
1. Entity Name BEACHQUEST LLC					
Principal Place of Business 127 KILGORE CIRCLE SIMPSONVILLE, SC 29681 202 Baden Court New Bern, N.C. 28562			Mailing Address 127 KILGORE CIRCLE SIMPSONVILLE, SC 29681 202 Baden Court New Bern, NC 28562		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07222005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3758893				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DODSON, RICHARD 1028 HEATHWOOD DRIVE WINTER PARK, FL 32792 202 Baden Court New Bern, NC 28562			Name <u>Kevin Worley</u> Street Address (P.O. Box Number is Not Acceptable) <u>16633 Bay Club Drive</u> City <u>Clermont</u> FL Zip Code <u>34711</u>		
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 <u>Chris S. Infantry</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>01/31/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DODSON, RICHARD 1028 HEATHWOOD DRIVE WINTER PARK, FL 32792 202 Baden Court New Bern, NC 28562		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Richard Dodson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/25/05</u> Daytime Phone # <u>252-633-5005</u>		