FILED
Sep 05, 2006 8:00 am
Secretary of State
06-07-2006 90069 012 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020553

1. Entity Name
BEACHQUEST LLC

30013116

06082006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~202 BADEN COURT~~ ~~NEW BERN, NC 28562~~ US	~~202 BADEN COURT~~ ~~NEW BERN, NC 28562~~ US

2. Principal Place of Business	3. Mailing Address
1409 SE 11th Court	1409 SE 11th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33316 Country	Zip: 33316 Country

4. FEI Number: 59-3758893 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WORLEY, KEVIN~~
202 BADEN COURT
CLERMONT, FL 34711

Delete
Richard Dodson
1409 SE 11th Ct.
Fort Lauderdale, Fla 33316

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] 8/27/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	P	☐ Delete
NAME	DODSON, RICHARD	
STREET ADDRESS	~~202 BADEN COURT~~ 1409 SE 11th Ct	
CITY-ST-ZIP	~~NEW BERN, NC 28562~~ Fort Lauderdale Fla 33316	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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10. ADDITIONS/CHANGES

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

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: [signature] 7/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #