2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021638

1. Entity Name

BEACH WALK OF MEXICO BEACH, L.L.C.



Principal Place of Business

2801 N HWY 77, STE A PANAMA CITY, FL 32405

Mailing Address

P.O. BOX 1605

PANAMA CITY, FL 32402

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90069 019 ****50.00

4000000



DO NOT WRITE IN THIS SPACE

03312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0554847 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

.6. Name and Address of Current Registered Agent

DAVIS, JAMES W 2810 N HWY 77, SUITE A PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

7 (14) (14)		IN THIS	SPACE	
	named entity submits this statement for the purpose of chations of registered agent.	 nging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM		·	
NAME	DAVIS, JAMES W			
STREET ADDRESS	2810 N HWY 77, SUITE A			
CITY-ST-ZIP	PANAMA CITY, FL 32405	,		
TITLE		a .		
NAME			• •	
STREET ADDRESS			Ì	
CITY-ST-ZIP				
TITLE		İ	-	
NAME			No percent of the second of th	
STREET ADDRESS		I DO NO	Γ WRITE	
CITY-ST-ZIP			IN THIS SPACE	
TITLE		I IN THIS		
NAME STREET ADDRESS	ļ			
CITY-ST-ZIP		· ·		
	<u> </u>			
TITLE		ľ		

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

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

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

V. 28.04

850-769-491

Date

Daytime Phone #