2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021638

1. Entity Name
BEACH WALK OF MEXICO BEACH, L.L.C.

Principal Place of Business	Mailing Address
P.O. BOX 1605 PANAMA CITY, FL 32402	P.O. BOX 1605 PANAMA CITY, FL 32402

DO NOT WRITE IN THIS SPACE

04162008 No Chg-LLC   CR2E083 (12/07)

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

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 typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

---

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS, JAMES W
STREET ADDRESS	P.O. BOX 1605
CITY-ST-ZIP	PANAMA CITY, FL 32402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000930409
05/21/08-80107-007 138.75

DO NOT WRITE IN THIS SPACE

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: _James W. Davis_   4-16-08   850-785-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #