


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000002424 <small>Entity Name</small> 8135 BEACH BOULEVARD, LLC	
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<small>Principal Place of Business</small> 8135 BEACH BOULEVARD JACKSONVILLE FL 32216	<small>Mailing Address</small> 1987 WOODLAKE DR. ORANGE PARK FL 32003
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2. Principal Place of Business	3. Mailing Address	
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>	<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small> <small>Country</small>

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, VICKI A 1987 WOODLAKE DR. ORANGE PARK FL 32003	<small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <hr/> <small>City</small> FL <small>Zip Code</small>

4. FEI Number 26-0053210	<small>Applied For</small> <small>Not Applicable</small>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 <small>Additional Fee Required</small>

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 re-instating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGR <input type="checkbox"/> <small>Delete</small> FOLSOM, KENT 1526 WALKER LANE JACKSONVILLE FL 32216	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small> 1100010447952 03/08/06-80074-021 50.00
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Add</small>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *Vicki Ann Carter* **VICKI ANN CARTER** **OWNER** **2-21-06** **904-384-5**