

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012997

Entity Name: PK BEACH PROPERTIES, LLC

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

14681 SEMINOLE TRL  
C/O GLENN MUSTO  
SEMINOLE, FL 33776

## New Principal Place of Business:

14681 SEMINOLE TRL  
SEMINOLE, FL 33776

## Current Mailing Address:

14681 SEMINOLE TRL  
C/O GLENN MUSTO  
SEMINOLE, FL 33776

## New Mailing Address:

14681 SEMINOLE TRL  
SEMINOLE, FL 33776

FEI Number: 04-3673633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANIGAN, DAVID C JD LL.M  
10927 NORTH 56TH STREET  
TAMPA, FL 336173000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MUSTO, GLENN  
Address: 14681 SEMINOLE TRL  
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM (X) Delete  
Name: MUSTO, MARGARET M  
Address: 14681 SEMINOLE TRL  
City-St-Zip: SEMINOLE, FL 33776

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BRADICICH, ROSE  
Address: 28833 FALLING LEAVES WAY  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSE BRADICICH

MGR

01/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date