

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90183 021 ****50.00

DOCUMENT # L02000016284

1. Entity Name
BEACHPOINT HOLDINGS, LLC



Principal Place of Business
**4605 OAK HAMMOCK COURT
PONCE INLET, FL 32127-2223 US**

Mailing Address
**201 DUCK ROAD
GRANDVIEW, MO 64030 US**

20002480



2. Principal Place of Business

3. Mailing Address
c/o ProSource, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.
8614 Quivira

01102005 Chg-LLC CR2E083 (10/03)

City & State

City & State
Lenexa, KS

4. FEI Number
03-0469935

Applied For
Not Applicable

Zip

Country

Zip

Country

66215

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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, 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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
JACOBS, NORMAN
11700 PENNSYLVANIA AVE
KANSAS CITY, MO 64114** ☐ Delete

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

TITLE
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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 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:

Norman Jacobs, Mgr.

Jan. 10, 2005

913-859-9752

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

Date

Daytime Phone #