


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90110 031 ****50.00

DOCUMENT # L02000019927 1. Entity Name BEACHSIDE LAND AND DEVELOPMENT, LLC			
Principal Place of Business 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459		Mailing Address 2441 E. HWY 98, UNIT 108 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 40 Claron Dr. Suite, Apt. #, etc.		3. Mailing Address 40 Claron Dr. Suite, Apt. #, etc.	
City & State Panama City Beach, FL Zip 32413		City & State Panama City Beach, FL Zip 32413	
4. FEI Number 27-0025525		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03212005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent NICHOLAS, LANCE G 1719 SOUTH HIGHWAY 393 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	MGRM UTHMEIER, JOHN W 88 BARRACUDA STREET DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, LANCE G 1719 SOUTH COUNTY HIGHWAY 393 SANTA ROSA BEACH, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, LANCE G. 40 CLARON DR. PANAMA CITY BEACH, FL. 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>LANCE NICHOLAS</u> <u>MGRM</u> <u>4/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date Daytime Phone #	

850 258 3558