

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022768

FILED
Jan 26, 2009
Secretary of State

Entity Name: BEACHDALE PROPERTIES, L.C.

Current Principal Place of Business:

6527 STONINGTON DR.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

6527 STONINGTON DR.
TAMPA, FL 33647

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAAK & ZWIRN, P.A.
2107 W. CASS ST.
SUITE A
TAMPA, FL 33606 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: MGRM () Delete
Name: RAGSDALE, ROBYN
Address: 6527 STONINGTON DR.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: BEACH, COLIN
Address: 6527 STONINGTON DR.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: BEACH, ZACHARY
Address: 6527 STONINGTON DR.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: BEACH, KAMRYN
Address: 6527 STONINGTON DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

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

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

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: ISAAK & ZWIRN, P.A.

P.A.

01/26/2009

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