


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90139 045 ****55.00

DOCUMENT # L03000004322			
1. Entity Name THE BEACH CLUB AT MEXICO BEACH, LLC			
Principal Place of Business 106 S. 25TH ST PORT SAINT JOE, FL 32456		Mailing Address HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456	
2. Principal Place of Business		3. Mailing Address 106 S. 25th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mexico Beach		City & State Mexico Bch, FL	
Zip	Country	Zip	Country
		32456	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STONE, SHARON E MGR HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456		Name Sharon Stone Street Address (P.O. Box Number is Not Acceptable) 106 S. 25th Street City Mexico Bch FL Zip Code 32456	
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 <i>Sharon Stone</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EUBANKS, KAY W HC3 BOX 98710 MEXIXO BEACH, FL 32456 <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	MGR STONE & COMPANY, INC HC 3 BOX 981004 SUITE 1 MEXICO BEACH, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stone + Company, Inc. 106 S. 25th Street Mexico Bch, FL 32456 <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
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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 exemptions contained in Chapter 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Sharon Stone</i>		Date: 2/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

00000306



02102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0037217 Applied For Not Applicable

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