

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03Q00004415**

1. Entity Name  
**BEACH INVESTMENT GROUP, L.L.C.**



Principal Place of Business  
**4058 INDIAN BAYOU NORTH  
DESTIN, FL 32541 US**

Mailing Address  
**POST OFFICE BOX 164  
DESTIN, FL 32540 US**



04052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3739603**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000915662  
05/09/08-80024-016 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, BRANT E 4058 INDIAN BAYOU NORTH DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTER, DARRYL 13250 NW FREEMAN ROAD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDES, DAVID 331 STAHLMAN AVENUE DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, BENJAMIN 582 FAIRVIEW DRIVE BERWICK, LA 70342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLENN, MICHAEL J 417-B RACETRACK ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Brant E. Kelly*

**4.15.08**

**850.837.6541**

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

Date

Daytime Phone #