

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004415

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4058 INDIAN BAYOU NORTH  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 164  
DESTIN, FL 32540 US

**New Mailing Address:**

**FEI Number:** 04-3739603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, BRANT E  
4058 INDIAN BAYOU NORTH  
DESTIN, FL 32541 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:** MGR  
**Name:** KELLY, BRANT E  
**Address:** 4058 INDIAN BAYOU NORTH  
**City-St-Zip:** DESTIN, FL 32541 US

**Title:** MGR  
**Name:** CARPENTER, DARRYL  
**Address:** 13250 NW FREEMAN ROAD  
**City-St-Zip:** BRISTOL, FL 32321 US

**Title:** MGR  
**Name:** WINDES, DAVID  
**Address:** 331 STAHLMAN AVENUE  
**City-St-Zip:** DESTIN, FL 32540 US

**Title:** MGR  
**Name:** ADAMS, BEN  
**Address:** 582 FAIRVIEW DRIVE  
**City-St-Zip:** BERWICK, LA 70342 US

**Title:** MGR  
**Name:** GLENN, MICHAEL J  
**Address:** 417-B RACETRACK ROAD  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 US

I hereby 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:** LAURIE W. KELLY

SEC

04/24/2012

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