

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009538
 1. Entity Name
 BEACHBALL, LLC



Principal Place of Business Mailing Address
 3802 HWY 90 3802 HWY 90
 MILTON, FL 32571 MILTON, FL 32571

DO NOT WRITE IN THIS SPACE



01182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 03-0515033 Not Applicable

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

6. Name and Address of Current Registered Agent
 ANDREWS, ROBERT MD
 3802 HWY 90
 MILTON, FL 32571

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

1100000200840
 01/28/05-80045-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KINCAID, ROBERT MD
STREET ADDRESS	3802 HWY 90
CITY-ST-ZIP	MILTON, FL 32571
TITLE	MGRM
NAME	MIAN, MUNIRA
STREET ADDRESS	3802 HWY 90
CITY-ST-ZIP	MILTON, FL 32571
TITLE	MGRM
NAME	ANDREWS, ROBERT MD
STREET ADDRESS	3802 HWY 90
CITY-ST-ZIP	MILTON, FL 32571
TITLE	MGRM
NAME	BURNETT, WAYNE MD
STREET ADDRESS	3802 HWY 90
CITY-ST-ZIP	MILTON, FL 32571
TITLE	MGRM
NAME	STACHLER, RICHARD MD
STREET ADDRESS	3802 HWY 90
CITY-ST-ZIP	MILTON, FL 32571
TITLE	MGRM
NAME	JUDSON, DONNA MD
STREET ADDRESS	3802 HWY 90
CITY-ST-ZIP	MILTON, FL 32571

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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: Robert Andrews MD Date: 1/18/2005 Daytime Phone #: 850-433-0277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #