

**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
3802 HWY 90
MILTON, FL 32571

Mailing Address
3802 HWY 90
MILTON, FL 32571



01182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0515033

Applied For
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

**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

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

1100000200840
01/28/05-80045-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KINCAID, ROBERT MD
3802 HWY 90
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MIAN, MUNIRA
3802 HWY 90
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDREWS, ROBERT MD
3802 HWY 90
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BURNETT, WAYNE MD
3802 HWY 90
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STACHLER, RICHARD MD
3802 HWY 90
MILTON, FL 32571

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JUDSON, DONNA MD
3802 HWY 90
MILTON, FL 32571

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Robert Andrews MD Robert Andrews MD 1/18/2005 850-433-0277