

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009538

Entity Name: BEACHBALL, LLC

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

3802 HWY 90
MILTON, FL 32571

New Principal Place of Business:

Current Mailing Address:

3802 HWY 90
MILTON, FL 32571

New Mailing Address:

FEI Number: 03-0515033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREWS, ROBERT MD
3802 HWY 90
MILTON, FL 32571 US

Name and Address of New Registered Agent:

EPPS, LORNETTA MD
3802 HWY 90
MILTON, FL 32571 US

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: LORNETTA EPPS, MD

03/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KINCAID, ROBERT MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: MIAN, MUNIRA
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: ANDREWS, ROBERT MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: BURNETT, WAYNE MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: STACHLER, RICHARD MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM () Delete
Name: JUDSON, DONNA MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EPPS, LORNETTA MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: MGRM (X) Change () Addition
Name: KINCAID, ROBERT MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LAROSE, PAUL MD
Address: 3802 HWY 90
City-St-Zip: MILTON, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LORNETTA EPPS, MD

MGRM

03/23/2006

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