2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L03000009538

Entity Name: BEACHBALL, LLC

Current Principal Place of Business:

3802 HWY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

3802 HWY 90
C/O ADMINISTRATION
PACE, FL 32571

New Mailing Address:

3802 HWY 90
PACE, FL 32571

FEI Number: 03-0515033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EPPS, LORNETTA MD
3802 HWY 90
PACE, FL 32571 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:	MGRM	( ) Delete
Name:	EPPS, LORNETTA MD	
Address:	3802 HWY 90	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	KINCAID, ROBERT MD	
Address:	3802 HWY 90	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	ANDREWS, ROBERT MD	
Address:	3802 HWY 90	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	LAROSE, PAUL MD	
Address:	3802 HWY 90	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	STACHLER, RICHARD MD	
Address:	3802 HWY 90	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	JUDSON, DONNA MD	
Address:	3802 HWY 90	
City-St-Zip:	PACE, FL 32571	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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, M.D. MGRM 04/30/2008

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