


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-17-2004 90567 042 ****50.00

DOCUMENT # L03000011261					
1. Entity Name ANTIQUES@THEBEACH, LLC					
Principal Place of Business 3384 W HIGHWAY 98 BLDG 3 SANTA ROSA BEACH FL 32550 US			Mailing Address 3384 W HIGHWAY 98 BLDG 3 SANTA ROSA BEACH FL 32550 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 3384 Hwy 98 W			Suite, Apt. #, etc. 3384 Hwy 98 W		
City & State			City & State		
Zip 32459		Country		Zip 32459	
Country		4. FEI Number 30-0161583			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PERKINS, DEBRA A 320 HIDEAWAY BAY DRIVE DESTIN FL 32550			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: Debra A Perkins			4/30/04 850 622-2142		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		