2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013031

1. Entity Name BEACH COMPLEX, L.L.C.



Principal Place of Business

924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518

Mailing Address

924 GAINESVILLE HIGHWAY SUITE 120 BUFORD, GA 30518

FILED May 05, 2006 8:00 am Secretary of State

05-05-2006 90051 001 ***350.00

30007256



DO NOT WRITE IN THIS SPACE

03132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0780410

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System

MACK WENDY L C1 Corporations you 5800 LAKEWOOD RANCH BOULEVARD SARASQTA, FL 34240 1200 South Pine Island Rd. Plantation IFL 33324

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.		
SIGNATURE_	JOAN BOLDEN	4/17/06
Signatural typed or printed name of registered agent and little if applicable (NOTA CONTRACT SO TRACTED AGENTS (NOTA CONTRACT SO TRA		
Filing Fee Is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEW SOUTH VISION PROPERTIES, LLC 924 GAINESVILLE HIGHWAY BUFORD, GA 30518	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		1

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE