


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90023 043 \*\*\*\*25.00  
06-05-2006 90001 003 \*\*\*\*25.00

<b>DOCUMENT # L03000013322</b>	
1. Entity Name <b>BEACH BUM RENTAL, LLC</b>	

Principal Place of Business <b>203 SABINE DRIVE PENSACOLA BEACH, FL 32561</b>	Mailing Address <b>P.O. BOX 1373 GULF BREEZE, FL 32562 US</b>
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**DO NOT WRITE IN THIS SPACE**

40094748



04122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>03-0511014</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**AMBERSON, KRISTIN  
203 SABINE DRIVE  
PENSACOLA BEACH, FL 32561**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBERSON, KRISTIN 203 SABINE DRIVE PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMBERSON, SCOTT J 203 SABINE DRIVE PENSACOLA BEACH, FL 32561
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Kristin Amberson Date: 4/16/06 8509347112

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

Date

Daytime Phone #

Kristin Amberson