2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM

DOCUMENT # L03000013833 1. Entity Name BEACHWALK TELECOMMUNICATIONS D, L.L.C.							Sec	eretary	y of	State
Principal Plac 2033 MAIN S SUITE 600 SARASOTA, F	STREET FL 34237	<u> </u>	Mailing Address 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237							
2. Principal P		ess	3. Mailing Address			}	YI 33100 11111 111 111 11 1111 11 1111			1 3 1 111 1 3 1 1
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01212005	Chg-LLC	CR2E083	· ·	
City & State			City & State			20-0384492 Not		Applicable		
Zip Country			Zip	Coun	itry		e of Status Desired	Fee	00 Addi Required	tional
		and Address of Current i			Name	7. Name and	d Address of New Re	gistered Agei	nt	
MYERS, TROY H JR. 2033 MAIN STREET			·÷		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 600 SARASOTA, FL 34237										
					City		<u> ₹ ot </u>	ru j	Zip Code	Ì
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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstaling). DATE										
Fi Di	iling Fee i ue by May	s \$50.00 7 1, 2005						check paya Department	ble to	
9.	Lucau	MANAGING MEMBE		10.			- ADDITIONS/C		C	T salation
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4050 20TI	COMMUNITY NETWOR H_ST, W. FON, FL 34205	Delete		(1100001 04/29/05-	343871 -	Change 07 50.	Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAYAGING MEABER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Priorie A										