L0300018836

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

L03000013836

DOCUMENT #1 02000012026						FILED					
DOCUMENT # L03000013836							,				
BEACHWALK HEAD END, L.L.C.							05 OCT 11 PM12: 15				
Principal Plan	e of Busines		Mailing Address			1	SECRET TALLAHA	ARY	F STAT	E TA	
Principal Place of Business Malling Address 2033 MAIN STREET 2033 MAIN STREET						,	TALLAH	ASSEE	, F L UNII	UM	
SUITE 600 SUITE 600											
SARASOTA, FL 34237 SARASOTA, FL 34237					I IT DE BY ON BY IN A STATE OF A			### #### ### #			
2. Principal f	Place of Busi	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01212005	Chg-LLC	CR2E	083 (10/03)			
City & State			City & State		-	4. FEI Numb	er)384462			pplied For	
Zip # Country		Zip	Country	Country				\$5.00 Ad	ot Applicable ditional		
				<u> </u>			of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent					e	7. Name and	Address of New I	Ragistered	Agent		
MYERS, TROY H JR. 2033 MAIN STREET					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 600 SARASOTA, FL 34237							*				
STREET, FE STEET					City E1 Zip Code						
8. The above the obligation	named enti- tions of regis	ty submits this statement f tered agent.	or the purpose of changing it	s registered offic	e or register	ed agent, or bo	th, in the State of Fi	orida. I arr	n familiar with,	and accept	
SIGNATURE										·	
	Signature, types	or printed harne of registered agen	r and disk if spolicable (NO	TE: Registered Agent s	Ouestrue redictions	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005						Make check payable to Florida Department of State					
9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGE	s		
TITLE	MGR		☐ Deleta	TITLE		····			☐ Change	Addition	
NAME STREET ADDRESS	4050 20T	COMMUNITY NETWO	RKS, INC.	NAME STREET ADDRE							
CITY-SI-ZIP		TON, FL 34205		CITY-ST-ZP	~						
TUTLE	MGR		☐ Oelete	TITLE					☐ Change	noilibtA 🗌	
NAME STREET ADDRESS		TROY H JR.		NAME ATTICET ADDOC							
CITY-ST-ZIP	2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		STREET ADORE CITY-ST-ZIP	1			,				
TITLE			☐ Delete	TITLE			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		[] Change	Addition	
NAME				NAME		r. no	a 54	1			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	28 10	Jury	SU CON	عد^) ₁		
TITLE		<u></u>	Ociste	TITLE	 	DV/~	(AX	-17.	Change	☐ Addition	
NAME				NAME		JAY-	TOON,	1111	,		
STREET ADDRESS				STREET ACCRE	e i 20	1.	11×4 ~	,			
CITY-ST-ZIP				CITY-ST-ZIP	~	·~~	70 · 10	•			

11. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is two and exercise 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

STREET ADDRESS

CITY-ST-ZIP

CTTY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ROMBILT IM MISCHIBGE AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

□ Delete

Delete

Daytine Phone #

☐ Change

☐ Change

■ Addition

■ Addition