
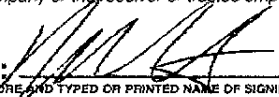


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

|   |                                      |  |   |  |  |
|---|--------------------------------------|--|---|--|--|
| <b>DOCUMENT # L03000017738</b><br>1. Entity Name<br>BEACH TITLE, L.L.C.   |                                      |  |   |  |  |
| Principal Place of Business<br>4 OLD KINGS ROAD NORTH, STE. B<br>PALM COAST, FL 32137   |                                      |  | Mailing Address<br>4 OLD KINGS ROAD NORTH, STE. B<br>PALM COAST, FL 32137   |  |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                                      | City & State   |   |  |  |
| Zip   | Country                              | Zip  | Country   | 01082004 Chg-LLC CR2E083 (10/03)   |  |
| 4. FEI Number   |                                      |  |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |                                      |  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br>CHIUMENTO, MICHAEL D<br>4 OLD KINGS ROAD NORTH, STE. B<br>PALM COAST, FL 32137   |                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)</small> <div style="float: right;">DATE _____</div>   |                                      |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |                                      | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |                                      |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  | CHIUMENTO & ASSOCIATES, P.A.         |  | NAME  | U00000002869   |  |
| STREET ADDRESS  | 4 OLD KINGS ROAD NORTH, STE. B       |  | STREET ADDRESS  | 01/13/04-80032-004 50.00   |  |
| CITY-ST-ZIP   | PALM COAST, FL 32137                 |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  |                                      |  | NAME  |  |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  |                                      |  | NAME  |  |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  |                                      |  | NAME  |  |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| NAME  |                                      |  | NAME  |  |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP   |  |  |
| 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. |                                      |  |   |  |  |
| <b>SIGNATURE:</b>    |                                      | Michael D. Chiumento, Mgrm                                   |   | 386-445-8900   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                      | Date   |   | Daytime Phone #  |  |