

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000020626

1. Entity Name
BEACHWOOD COMMERCE CENTER, LLC



Principal Place of Business
**5353-1 RAMONA BLVD.
JACKSONVILLE, FL 32205**

Mailing Address
**5353-1 RAMONA BLVD.
JACKSONVILLE, FL 32205**



01212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**LIBERA, DANIEL C
5353-1 RAMONA BLVD.
JACKSONVILLE, FL 32205**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000604394
01/29/07-80052-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LIBERA, DANIEL C
STREET ADDRESS	5353-1 RAMONA BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

1-23-07

Date

904-786-4700

Daytime Phone #