

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90008 045 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000021586</b>                          |  |
| 1. Entity Name<br><b>A1A BEACH VACATION RENTALS LLC</b> |   |

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| Principal Place of Business<br><b>5413 A1A SOUTH<br/>ST. AUGUSTINE, FL 32080</b> | Mailing Address<br><b>5413 A1A SOUTH<br/>ST. AUGUSTINE, FL 32080</b> |
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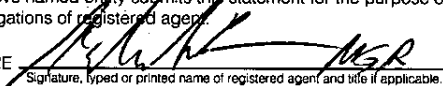
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| 2. Principal Place of Business<br><b>6401 A1A South</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>6401 A1A South</b><br>Suite, Apt. #, etc. |
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| City & State<br><b>St. Augustine, FL</b> | City & State<br><b>St. Augustine, FL</b> |
| Zip<br><b>32080</b>                      | Zip<br><b>32080</b>                      |
| Country                                  | Country                                  |




01062005 Chg-LLC CR2E083 (10/03)

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| 6. Name and Address of Current Registered Agent<br><b>ANDERSON, ALETA A<br/>5413 A1A SOUTH<br/>ST. AUGUSTINE, FL 32080</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6401 A1A South</b><br>City<br><b>St. Augustine</b> FL Zip Code<br><b>32080</b>                                |  |
| 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><br>Signature, typed or printed name of registered agent and title if applicable.  | DATE<br><b>1/13/05</b><br>(NOTE: Registered Agent signature required when reinstating) |

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>ANDERSON, ALETA<br/>5584 N. OCEANSHORE BLVD<br/>PALM COAST, FL 32137</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>FARLEY, EDWARD<br/>5413 A1A SOUTH<br/>ST. AUGUSTINE, FL 32080</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>6401 A1A South<br/>St. Augustine, FL 32080</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  | Date<br><b>1/13/05</b><br>Daytime Phone #<br><b>904 471-9588</b> |