

50

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000021586 1. Entity Name A1A BEACH VACATION RENTALS LLC						FILED 06 FEB 14 AM 11:28 TALLAHASSEE, FLORIDA	
Principal Place of Business 6401 A1A SOUTH ST. AUGUSTINE, FL 32080				Mailing Address 6401 A1A SOUTH ST. AUGUSTINE, FL 32080			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ANDERSON, ALETA A 6401 A1A SOUTH ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
4. FEI Number 90-0157459				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, ALETA 5584 N. OCEANSHORE BLVD PALM COAST, FL 32137			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100066201151 02/20/06--01035--022 **250.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARLEY, EDWARD 6401 A1A SOUTH ST. AUGUSTINE, FL 32080			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 15 209 Palmetto St. Wekiwa, FL 32153		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: [Signature]				2/8/06 904-471-9988			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			