

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 023 ***143.75

DOCUMENT # L030000251004 1. Entity Name BEACH & WATERWAY PROPERTIES, LLC					
Principal Place of Business 1 CREEK COURT PALM COAST, FL 32137				Mailing Address 1 CREEK COURT PALM COAST, FL 32137	
2. Principal Place of Business - No P.O. Box # 5182 N. OCEANSHORE BLVD Suite, Apt. #, etc. SUITE B City & State PALM COAST, FL Zip 32137		3. Mailing Address 5182 N. OCEANSHORE BLVD Suite, Apt. #, etc. SUITE B City & State PALM COAST, FL Zip 32137		4. FEI Number 51-0472949 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUNS, BRENT 1 CREEK COURT PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name BRUNS, BRENT Street Address (P.O. Box Number is Not Acceptable) 5182 N. OCEANSHORE BLVD. Suite, Apt. #, etc. SUITE B City PALM COAST FL Zip Code 32137	
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 <u><i>Brent Bruns</i></u> BRENT BRUNS <u>1-19-08</u> Signature, typed or printed name of registered agent each side if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUNS, BRENT 1 CREEK CT PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5182 N. OCEANSHORE BLVD SUITE B	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBERSPACHER, ROBERT 1010 KEIM TRAIL SAINT CHARLES, IL 60174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1212 N. WELLS ST. CHICAGO, IL 60610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARZ, STEVE 810 ANDOVER CT. PROSPECT, IL 60070	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>Brent Bruns</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<u>1-19-08</u> <u>386-246-9155</u> Date Daytime Phone #		