

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90006 033 \*\*\*\*50.00



**DOCUMENT # L03000030628**

1. Entity Name  
**BEACH HAVEN COTTAGES, LLC**

Principal Place of Business  
**1081 CAPITAL CIRCLE, NE  
 TALLAHASSEE FL 32308**

Mailing Address  
**1981 CAPITAL CIRCLE, NE  
 TALLAHASSEE FL 32308**



MOORE CR2E083 (11/03)

2. Principal Place of Business  
**2858 Remington Green Cir.**

3. Mailing Address  
**2858 Remington Green Cir.**

City & State  
**Tallahassee FL**

City & State

4. FEI Number  
**20-1002377**

Applied For  
 Not Applicable

Zip  
**32308**

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~ROBERT, SETH PESO  
 BROWN, LOCURTO & ROBERT, LPP  
 101 NE THIRD AVE, SECOND FLOOR  
 FORT LAUDERDALE FL 33301~~

Name **JAMES R. GUERINO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2858 Remington Green Cir.**  
 City **Tallahassee** FL Zip Code **32308**

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 **James R. Guerino**

DATE **4/26/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR R. Richard Yates 2858 Remington Green Cir. Tall. FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>X</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **R. Richard Yates**

DATE **4/26/04**

DAYTIME PHONE # **(850) 656-5669**

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

Date

Daytime Phone #