2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

50.00

		IIIOAE ILEI O				_					
DOCUMENT # L03000030628 1. Entity Name BEACH HAVEN COTTAGES, LLC						20n	FILE 6 JUN -9 AF				
Principal Plac	ce of Business	Mailing Address				200	1004-3 W	18:35			
2858 REMIN	IGTON GREEN DR	2858 REMINGTON GRE	2858 REMINGTON GREEN DR			_SE	CRETARY OF AHASSEE, F	CT.			
TALLAHASSE	EE, FL 32308	TALLAHASSEE, FL 32	308	~ 1		TALI	-AHASSEF F	SIATE			
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2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address		<u> </u>						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04192006	Chg-LLC	CR2E0	33 (11/05)		
City & State		City & State	City & State			4. FEI Numi 20-10				plied For ot Applicable	
Zip	Country	Zip	Zip Coun				e of Status Desired		\$5.00 Add	litional	
	6 Name and Address of Corner	A Baristond Arous	red Agent			Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
GUERINO, JAMES R											
	IINGTON GREEN DR SSEE, FL 32308		Street Address (P.			P.O. Box Numi	per is Not Acceptab	e) 			
				City				FL_	Zip Code		
	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registere	ed office or	register	ed agent, or b	oth, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE	•										
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	d Agent signat	ure required	when reinstating)		DATE			
Amended AR is \$50.00								ke check pa a Departmo		e	
9.	MANAGING MEMI	BERS/MANAGERS	10.				ADDITIONS	/CHANGES			
TITLE	MGRM	Delete	TITLE		MGR				☐ Change	Addition	
NAME	YATES, RICHARD		NAME			NOSTRAND	AVE				
STREET ADDRESS CITY-ST-ZIP	2858 REMINGTON GREEN DE	₹	STRE			CLYN, NY 1					
TITLE	TALLAHASSEE, FL 32308	Пъ	_			······	· · ·		C 0		
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STREET ADDRESS				ET ADDRESS							
	and the the interior	ish ship (ilian plane and accept to		-ST-ZIP		in Observation	S Francisco Company	Laker et			
ated	certify that the information supplies w I on this report is true and accurate ar	ith this tiling does not qualify for not that my signature shall have	the same	mptions co e legal effe	ontained of as if m	in Chapter 119 nade under oai), Florida Statutes. I t th; that I am a mana	urther certify ging membe	that the info r or manage	rmation or of the	
limited lia	ability company or the receiver of trus	tee empowered to execute this	report as	required l	by Chapt	ter 608, Florida	Statutes.		-		
		111/1/11/11	,								
SIGNAT	'URÉ: <u>// W / / / / / / / / / / / / / / / / /</u>										
I	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MEMBER, MA	UNAGER, OR	AUTHORIZED	REPRESE	NTATIVE	Date	D	rytime Phone #		