

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033728

FILED
Feb 06, 2005
Secretary of State

Entity Name: NORTHEAST FLORIDA BEACH HOME RENTALS, LLC

Current Principal Place of Business:

4320 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

Current Mailing Address:

441 EAST WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-0203127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PATRICK J
441 EAST WOODHAVEN DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MURPHY, PATRICK J
Address: 441 EAST WOODHAVEN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: MURPHY, KATHLEEN R
Address: 441 EAST WOODHAVEN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: MICHAEL SULLIVAN TRU, ST
Address: 9529 SOUTH TRIPP
City-St-Zip: OAK LAWN, IL 60453

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PATRICK J. MURPHY

MGR

02/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date