


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000036706	
1. Entity Name BEACH AUTO REPAIR, LLC	

Principal Place of Business 8200 NORTH ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	Mailing Address 8200 NORTH ATLANTIC AVENUE CAPE CANAVERAL, FL 32920
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01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number **14-9586825** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KEENAN, VIINCENT E
8200 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **1/27/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

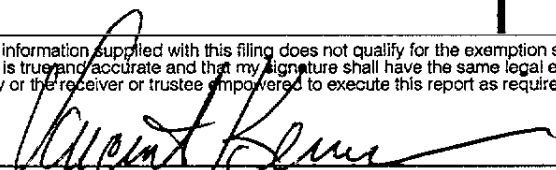
**Filing Fee is \$50.00
Due by May 1, 2005**

L030000367019
02/01/05-80028-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEENAN, VINCENT E 8200 NORTH ATLANTIC AVENUE CAPE CANAVERAL, FL 32920
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **1/27/05** DAYTIME PHONE #: **321-693-0187**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #