2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036706

1. Entity Name
BEACH AUTO REPAIR, LLC

Principal Place of Business	Mailing Address
8200 NORTH ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	8200 NORTH ATLANTIC AVENUE CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC   CR2E083 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE 1/27/05
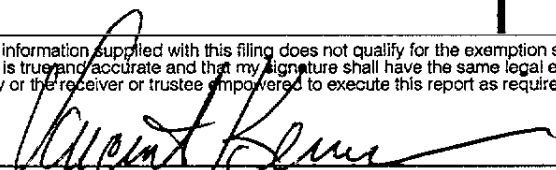
Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KEENAN, VINCENT E
STREET ADDRESS	8200 NORTH ATLANTIC AVENUE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/01/05-80028-016 50.00

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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: _____   1/27/05   321-693-0187

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