


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90141 022 ****50.00

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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DO NOT WRITE IN THIS SPACE



01072006No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-9586825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Vincent E Keenan* **2/15/06**

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