2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07-06-2007 90088 001 ***500.00
L03000038063

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/06)

DOCUMENT # L03000038063

1. Entity Name

BEACH BLANKET VENTURES, LLC

Principal Place of Business	Mailing Address
THE KRESS BUILDING, SUITE 205 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	THE KRESS BUILDING, SUITE 205 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1950 Lake Ave S.E.		1950 Lake Ave S.E.	
Suite, Apt. #, etc.: #B		Suite, Apt. #, etc.: #B	
City & State: Largo, FL		City & State: Larg, FL	
Zip: 33771	Country: Pinellas	Zip: 33771	Country: Pinellas

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MASCARA, ERNEST L
THE KRESS BUILDING , SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1950 Lake Ave, S.E. #B Largo, FL 33771	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANFILIPPO, STEVEN 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG FL 33701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: A Charles / April Charles 5-1-07 (727)581-7200

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