



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90074 017 ****50.00

DOCUMENT # L03000044618 1. Entity Name BEACH BOULEVARD HOLDINGS, LLC					
Principal Place of Business 11202 ST. JOHNS INDUSTRIAL PKWY N #1 JACKSONVILLE, FL 32246			Mailing Address 11202 ST. JOHNS INDUSTRIAL PKWY N #1 JACKSONVILLE, FL 32246		
2. Principal Place of Business 3740 St. John's Bluff Rd Suite, Apt. #, etc. #16		3. Mailing Address 3740 St. John's Bluff Rd Suite, Apt. #, etc. #16			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-0422597	
Zip 32224		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEARDSLEY, DALE A ESQ 4595 LEXINGTON AVENUE, SUITE #100 JACKSONVILLE, FL 32210-2058				7. Name and Address of New Registered Agent Name LARRY WALSHAW Street Address (P.O. Box Number is Not Acceptable) 3740 ST. JOHN'S BLUFF RD #16 City JACKSONVILLE FL Zip Code 32224	
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSKREY, STEPHEN E 7655 FOUNDERS WAY PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY 11202 ST. JOHNS INDUSTRIAL PKWY NORTH, #1 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					