

FILED
Mar 24, 2006 8:00 am
Secretary of State

02-13-2006 90188 045 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000044618			
1. Entity Name BEACH BOULEVARD HOLDINGS, LLC			
Principal Place of Business 3740 ST. JOHNS BLUFF ROAD SUITE 16 JACKSONVILLE, FL 32224		Mailing Address 3740 ST. JOHNS BLUFF ROAD SUITE 16 JACKSONVILLE, FL 32224	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALSHAW, LARRY 3740 ST JOHNS BLUFF ROAD, SUITE 16 JACKSONVILLE, FL 32224		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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		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 7855 FOUNDERS WAY PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROSKREY, STEPHEN E 209 DEER HAVEN PONTE VEDRA BEACH FL 32080 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALSHAW, LARRY 3740 ST. JOHNS BLUFF ROAD, # 16 JACKSONVILLE, FL 32224 ☐ 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER OR APPROVED REPRESENTATIVE Date Daytime Phone #			

30003373



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