

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90043 047 ****50.00

DOCUMENT # L03000046552

1. Entity Name
JAX BEACH BEVERAGES, LLC



Principal Place of Business
**4309 PABLO OAKS COURT STE. FIVE
SAN PABLO OFFICE PARK
JACKSONVILLE, FL 32224**

Mailing Address
**POST OFFICE BOX 51247
JACKSONVILLE BEACH, FL 32240 US**

2. Principal Place of Business
300 Second St N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH, FL

City & State

Zip
32250

Country
USA

Zip

Country

04012006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0411427

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEASLER, FRANK R JR
4309 PABLO OAKS COURT STE. FIVE
SAN PABLO OFFICE PARK
JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name **KEASLER FRANK R JR**

Street Address (P.O. Box Number is Not Acceptable)
10907 CENTURION PARKWAY N

SUITE 112

City **JACKSONVILLE**

FL

Zip Code
32256

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COLE, KATHLEEN S
COASTLINE PROP. ASSOC.-P.O. BOX 51247
JACKSONVILLE, FL 32240** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COLE, KATHLEEN S
1500 PENMAN ROAD
NEPTUNE BEACH, FL 32266** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Kathleen S. Cole*

4/9/06 904 247-5264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #