

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025507

1. Entity Name
BEACH AVENUE, L.L.C.



Principal Place of Business
**1789 BEACH AVENUE
ATLANTIC BEACH, FL 32233**

Mailing Address
**1789 BEACH AVENUE
ATLANTIC BEACH, FL 32233**



03012006No Chg-LLC

CRZE083 (11/05)

4. FEI Number
20-0974371

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FAIRBANKS, RANDAL C
76 SOUTH LAURA STREET, SUITE 1700
JACKSONVILLE, FL 32082**

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BOWERS, BARBARA B
1789 BEACH AVENUE
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SUMNER, DEBORAH F
1890 BEACH AVENUE
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

000001454293
03/15/06-000008-001 \$5.00

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara B Bowers, manager
BARBARA B. BOWERS, MANAGER

3/1/06 904.242-7123

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

Date

Daytime Phone #