

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90031 049 ****50.00

DOCUMENT # L04000030037

1. Entity Name
TBS BEACH, LLC



Principal Place of Business
**215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550**

Mailing Address
**215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1626749

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

**BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHISON, P.A.
215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550**

Name
Burke, M. Todd Esq.
Street Address (P.O. Box Number is Not Acceptable)
**Burke, Blue, Hutchison & Walters, P. A.
215 Grand Boulevard, Suite 101**
City **Destin** FL Zip Code **32550**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BURKE, M. TODD
215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550** ☐ Delete

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

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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 608, Florida Statutes.

SIGNATURE:

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

Manager **01-06-05** 850-267-9498

Date

Daytime Phone #