


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2005 90081 010 \*\*\*\*50.00

|   |   |                     |  |  |  |
|---|---|---------------------|--|--|--|
| <b>DOCUMENT # L04000034390</b><br>1. Entity Name<br><b>BEACHCOMBER TRADING CO., LLC</b>   |   |                     |  |   |  |
| Principal Place of Business<br><b>12075-B 34TH STREET NORTH<br/>ST. PETERSBURG, FL 33716</b>  |   |                     | Mailing Address<br><b>12075-B 34TH STREET NORTH<br/>ST. PETERSBURG, FL 33716</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |  |  |  |
| City & State  |   | City & State        |  |  |  |
| Zip   | Country   | Zip                 | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |   |                     |  | 7. Name and Address of New Registered Agent  |  |
| <b>HANEY, R. REID<br/>101 EAST KENNEDY BLVD.,<br/>#4100<br/>TAMPA, FL 33602</b>   |   |                     |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |                     |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   |                     |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>LUCAS, LINDA<br/>729 PONCE DE LEON DRIVE<br/>TIERRA VERDE, FL 33715</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <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 608, Florida Statutes. |   |                     |  |  |  |
| <b>SIGNATURE:</b> <u><i>L. Lucas</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                     | Date: <u>4/11/05</u> Daytime Phone #: <u>727-573-9800</u>                        |  |  |