

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90101 013 \*\*\*150.00

**DOCUMENT # L04000035698**

1. Entity Name

DICKENSON BEACHOUSE, LLC



Principal Place of Business

980 NORTH FEDERAL HIGHWAY, SUITE 410  
BOCA RATON FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY, SUITE 410  
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

20-1370586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKENSON, DAVID B  
980 NORTH FEDERAL HIGHWAY, SUITE 410  
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1/ 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DICKENSON, DAVID B  
980 NORTH FEDERAL HIGHWAY, SUITE 410  
BOCA RATON FL 33432 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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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:

DAVID B. DICKENSON  
MANAGING MEMBER

Date

Daytime Phone #

1/31/05