

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038991

Entity Name: BEACH MEMORIES, LLC

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

217 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

217 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 20-1174019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORREALE, KAREN J
217 QUAY ASSISI
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORREALE, KAREN J
Address: 217 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR () Delete
Name: MORREALE, CHARLES
Address: 217 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN JACOBS MORREALE

MGR

05/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date