## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000046433

1. Entity Name

1944 BEACH BOULEVARD, LLC



Principal Place of Business

Mailing Address

1944 BEACH BLVD JACKSONVILLE BEACH, FL 32250 2315 BEACH BLVD

JACKSONVILLE BEACH, FL 32250-4033

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90051 032 \*\*\*\*50.00



### DO NOT WRITE IN THIS SPACE

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CR2E083 (11/05)

4. FEI Number 56-2472270

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A. 841 PRUDENTIAL DRIVE STE. 1400 JACKSONVILLE, FL 32207

# DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	anging its registered o	flice or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	nt signature required when reinstating)	DATE				
Fi	iling Fee is \$50.00 ue by May 1, 2006						
9.	MANAGING MEMBERS/MANAGERS			***************************************			
INTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADVENTURE HOLDINGS, LLC 2315 BEACH BLVD, STE 203 JACKSONVILLE BEACH, FL 322504033						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE			
TITLE NAME STREET ADDRESS- CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		· ,					

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.

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

3/30/06

904 246-4555

Daytime Phone #