

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054927

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: BEACH VARIETY LLC.

## Current Principal Place of Business:

340 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

## New Principal Place of Business:

311 FLAGLER AVENUE  
NEW SMYRNA BEACH, FL 32169 US

## Current Mailing Address:

340 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

## New Mailing Address:

FEI Number: 20-1416990      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, THOMAS D  
340 NORTH CAUSEWAY  
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/MEMBERS:

Title: MGR ( ) Delete  
Name: WRIGHT, THOMAS D  
Address: 340 NORTH CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WRIGHT, THOMAS D  
Address: 340 NORTH CAUSEWAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM ( ) Change (X) Addition  
Name: PADGETT, RALPH L JR  
Address: 4628 S ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS D WRIGHT

MGRM

01/12/2005

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