2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000054927

1. Entity Name
BEACH VARIETY LLC.

Principal Place of Business	Mailing Address
311 FLAGLER AVENUE	340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US	NEW SMYRNA BEACH, FL 32169 US

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1416990	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D
340 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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 $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WRIGHT, THOMAS D
STREET ADDRESS	340 NORTH CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	MGRM
NAME	PADGETT, RALPH L JR
STREET ADDRESS	4628 S ATLANTIC AVENUE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/07/08-80016-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____ Thomas D. Wright 1/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #