2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL N	EPUNI (AN)						
DOCUMENT # L04000056120 1. Entity Name								
410 BEACH RETREAT, LLC					05 AUG 10 PH 3: 07			
Principal Place of Business Mailing Address					1	4		
1234 AIRPORT ROAD		1234 AIRPORT ROAD			AT ATT WARDA			
SUITE 215 DESTIN FL 32541		SUITE 215 DESTIN FL 32541						
2. Principal Place of Business		3. Mailing Address			18814814 BIT BBIT BBIT BBIT B	31H 33H 65H 2H 2H 5H 1H 1H 1	Hami (II IMM)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083 (10/04)		
City & State		City & State		4. FEI Nur	nber 59-37	55013 No	oplied For ot Applicable	
Zip	Country		Country		ate of Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name a	nd Address of Nev	Registered Agent		
OLSON, RICHARD								
1234 AIRPORT ROAD SUITE 215			Street Ac	ddress (P.O. Box Nur	nber is Not Accepta	ble)	 -	
DES	STIN FL 32541							
			City	FL Zip Code				
	named entity submits this statement to tions of registered agent.	or the purpose of changing its re-	gistered office or	registered agent, or	both, in the State of	Florida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	egislered Agent signatur	re required when reinstating)		DATE		
		FILE NOW	/!!! FEE IS \$5	50.00		***		
		Make Check Payable						
		Due E	By May 1, 2005	·				
9.	MANAGING MEMBE		10.		ADDITION	IS/CHANGES		
TITLE . NAME	MGAM ASSOCiates of NW Florade, Inc MAM SIRE SIRE					Change	☐ Addition	
STREET ADDRESS	1234 Airport Road Suite 215		STREET ADDRESS					
CITY-ST-ZIP	Destin F1 32541		CITY+ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME		UUU54 <i>a</i>	228655 }001 **3190,	מה	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	0.07.1	0/03 "01080)	UU	
TITLE		□ Dates	TITLE			Change	☐ Addition	
NAME		☐ Defete	NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS		•	NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME			_ ,	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE		П кии	CITY-ST-ZIP			Chanca	Addition	
NAME		☐ Detete	TITLE NAME			☐ Change	☐ ¥00IIION	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
11. I hereby	certify that the information supplied with	this filing does not qualify for th	e exemption state	ed in Section 119.07	3)(i), Florida Statute	s. I further certify that the in	nformation	
limited lia	on this report is true and accurate and ability company or the receiver of truste	e ompowered to execute this rep	oort se require d b	y Chapter 608, Florid	aur, uraci arn a mar da Statutes.	aging member or manage	a OLUTE	