2007 LIMITED LIABILITY COMPANY. ANNUAL REPORT

DOCUMENT # L04000062937

1. Entity Name BEACH BOULEVARD VENTURE, LLC



FILED
Mar 06, 2007 08:00 AM
Secretary of State

Principal Place of Business

12854 KENAN DRIVE, SUITE 100 JACKSONVILLE, FL 32258 Mailing Address

12854 KENAN DRIVE, SUITE 100 JACKSONVILLE, FL 32258



02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied be

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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 obilgations of registered agent.	

SIGNATURE

CITY-ST-ZIP

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2007

ļ	9.	MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERVEST CONSTRUCTION OF JAX, INC. 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAZER HOMES CORP. 1000 ABERNATHY ROAD ATLANTA,, GA 30328
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	TITLE NAME STREET ADDRESS	

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U00000657133 03/14/07-80054-021 5.00

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 eath; that I am a managing member or manager of the limited liability company or the recover or trusted empowered to execute this report as required to the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the recover or trusted empowered to execute this report as required to the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the recover or trusted empowered to execute this report as required to the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the recover of the limited liability company or the liability company or the limited liability company or the liability company or th

Vice President & CFO Jacksonville Division

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292-9440

Daytime Phone 4

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

David M. Solomon

Vice President & CFO