

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED** 4/5/06 198  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072706**

1. Entity Name  
**BEACH CLUB COTTAGES, LLC**



Principal Place of Business  
**328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**328 2ND AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250**



02172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**83-0408313**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMON, BERT C  
1660 PRUDENTIAL RIVE, SUITE 203  
JACKSONVILLE, FL 32207**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWE, ANDREW M V 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250
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04/19/06-80081-024 50.00

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

2/22/06  
Date

904-270-0270  
Daytime Phone #