


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000077580</b>	
1. Entity Name <b>BEACHSIDE &amp; BEYOND PROFESSIONAL SERVICES LLC</b>	

Principal Place of Business <b>202 LA PALOMA PL 1 PANAMA CITY BEACH FL 32413</b>	Mailing Address <b>202 LA PALOMA PL 1 PANAMA CITY BEACH FL 32413</b>
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2. Principal Place of Business - No P.O. Box # <b>11</b>	3. Mailing Address <b>11</b>
Suite, Apt. #, etc. <b>11</b>	Suite, Apt. #, etc. <b>11</b>
City & State <b>11</b>	City & State <b>11</b>
Zip <b>11</b>	Country <b>11</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>14-1917074</b>		Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>										
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2"> <b>LEGGETT, JERRY C 202 LA PALOMA PL 1 PANAMA CITY BEACH FL 32413</b> </td> <td colspan="2"> Name  Street Address (P.O. Box Number is Not Acceptable)  City  <b>FL</b> Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>LEGGETT, JERRY C 202 LA PALOMA PL 1 PANAMA CITY BEACH FL 32413</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent								
<b>LEGGETT, JERRY C 202 LA PALOMA PL 1 PANAMA CITY BEACH FL 32413</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code								

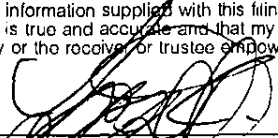
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM LEGGETT, JERRY C 202 LA PALOMA PL APT. #1 PANAMA CITY BEACH FL 32413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM LEGGETT, TERRY B 202 LA PALOMA PL APT #1 PANAMA CITY BEACH FL 32413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000576487 03/30/07-80062-016 50.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **3-12-07 850 276 7362**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #