


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 026 ****50.00

DOCUMENT # L04000078945 1. Entity Name BEACH ZONE REAL ESTATE, LLC					
Principal Place of Business 34871 EMERALD COAST PARKWAY DESTIN, FL 32541			Mailing Address 34871 EMERALD COAST PARKWAY DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 10962 US Hwy 98 West		3. Mailing Address 10962 US Hwy 98 West			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miramar Beach, FL		City & State Miramar Beach, FL		4. FEI Number 20-2354287	
Zip 32550		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUPER, ZVI 5297 GULF BLVD. ST. PETE BEACH, FL 33706			7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUPER, ZVI 5297 GULF BLVD. ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUPER, HANAN 7347 SAWGRASS POINT DR PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLIANATOS, JOHN P.O. BOX 5857 DESTIN, FL 32540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vallianatos, John 4743 Papaya Park Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLIANATOS, ANDREW P.O. BOX 5857 DESTIN, FL 32540 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vallianatos, Andrew 4743 Papaya Park Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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 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 606, Florida Statutes.					
SIGNATURE: <i>Andrew Vallianatos</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <i>2-1-07</i> <i>(850)259-0339</i> </div> <small>Date Daytime Phone #</small>		

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