

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080886

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: BEACH,BED & BEYOND, LLC

**Current Principal Place of Business:**

345 TIGRIS WAY  
ALPHARETTA, GA 30022

**New Principal Place of Business:**

**Current Mailing Address:**

345 TIGRIS WAY  
ALPHARETTA, GA 30022

**New Mailing Address:**

FEI Number: 20-2424556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SATER, ELIOT J  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OSHEROFF, STEPHEN D  
Address: 345 TIGRIS WAY  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR ( ) Delete  
Name: SHAHIDI, RAMAK  
Address: 606 MAIN STREET/GORHAM'S BLUFF  
City-St-Zip: PISGAH, AL 35765

Title: MGR ( ) Delete  
Name: MILLER, NANCY L  
Address: 1444 LA CHONA COURT  
City-St-Zip: ATLANTA, GA 30329

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN D. OSHEROFF

MGR

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date