


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90147 025 \*\*\*\*50.00

**DOCUMENT # L04000083762**

1. Entity Name  
**FLETCHER & NANCY BEACH, LLC**



Principal Place of Business  
**1201 GREY FOX HOLLOW DRIVE  
 WINTER HAVEN, FL 33880**

Mailing Address  
**307 PORTOTOC ST  
 AUBURNDALE, FL 33823**

**60004402**

2. Principal Place of Business - No P.O. Box #  
**4291 Old 9 Foot Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1440**  
 Suite, Apt. #, etc.



01172007 Chg-LLC CR2E083 (12/06)

City & State  
**Eagle Lake, FL**

City & State  
**Eagle Lake, FL**

Zip  
**33839** Country **USA**

Zip  
**33839** Country **USA**

4. FEI Number  
**20-2145885**

Applied For  
 Not Applicable

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

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

**MCKINNEY, JR, FLETCHER**  
**307 PONTOTOC STREET**  
**AUBURNDALE, FL 33823**

**4291 Old 9 Foot Rd**  
**Eagle Lake, FL**  
**33839**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCKINNEY, FLETCHER L JR. 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCKINNEY, NANCY D 1201 GREY FOX HOLLOW DRIVE WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM McKinney, Fletcher L JR 4291 Old 9 Ft. Rd Eagle Lake, FL 33839</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM McKinney, Nancy D 4291 Old 9 Foot Rd Eagle Lake, FL 33839</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/17/07** **863-206-1482**  
 Date Daytime Phone #