2008 LIMITED LIABILITY COMPANY

Jan 16, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L04000084500 01-16-2008 90052 043 ***138.75 1. Entity Name BEACH CASTLE RESORT, LLC Principal Place of Business Mailing Address 319 WEST ROYAL FLAMINGO DR. 6350 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 SARASOTA, FL 34236 01072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2624043 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Ragistered Agent WICKMAN & WYCKOFF, P.A. DO NOT WRITE 4909 MANATEE AVE. WEST BRADENTON, FL 34209 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: FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TOLE MIGONE, K. MIKE NAME ., 6350 GULF OF MEXICO DR STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #