


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 13, 2006 8:00 am
Secretary of State

05-10-2006 90017 047 ****50.00

DOCUMENT #104000086053 1. Entity Name BEECHWOOD AZ PROPERTIES, LLC					
Principal Place of Business 1411 MOYLAN ROAD PANAMA CITY BEACH FL 32407		Mailing Address 1411 MOYLAN ROAD PANAMA CITY BEACH FL 32407			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E083 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1936100 AP-PLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent JEAN ANN QUAVE 1411 MOYLAN ROAD PANAMA CITY BEACH FL 32407			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 restoring)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OUAVE, GERALD J JR		NAME		
STREET ADDRESS	1411 MOYLAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN ANN QUAVE		NAME		
STREET ADDRESS	1411 MOYLAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Donald A. Dempsey</u> - DONALD A. DEMPSEY - COMMERCIAL 4/28/06 850-235-0661					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					