2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# L04000087367

Entity Name: BEACHOUSE, LLC

Current Principal Place of Business:

514 JEFFERSON AVENUE
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

3406 SKIMMER LANE
TITUSVILLE, FL 32796

Current Mailing Address:

514 JEFFERSON AVENUE
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

3406 SKIMMER LANE
TITUSVILLE, FL 32796

FEI Number: 11-3760004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STRAKA, CHRISTOPHER J
514 JEFFERSON AVE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

PAUL, OKONSKI F
3406 SKIMMER LANE
TITUSVILLE, FL 32796 US

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: PAUL F. OKONSKI 04/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STRAKA, CHRISTOPHER J
Address: 514 JEFFERSON AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STRAKA, CHRISTOPHER J
Address: 3406 SKIMMER LANE
City-St-Zip: TITUSVILLE, FL 32793

Title: MGRM ( ) Change (X) Addition
Name: PAUL, OKONSKI F
Address: 3406 SKIMMER LANE
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL F. OKONSKI MGRM 04/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date