


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90025 006 \*\*\*\*50.00

<b>DOCUMENT # L04000089072</b>	
1. Entity Name <b>BEACH CRYSTAL, LLC</b>	

Principal Place of Business <b>34990 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541</b>	Mailing Address <b>34990 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541</b>
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20019153

2. Principal Place of Business		3. Mailing Address <b>P.O. Box 230</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>POINT CLEAR AL</b>	
Zip	Country	Zip <b>36564</b>	Country <b>U.S.A.</b>



02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-2025615</b>	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 <b>HART, CHRIS 34990 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541</b>		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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEAD COMPANIES, L.L.C. 18300 SCENIC HIGHWAY 98, SUITE B POINT CLEAR, AL 36564 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:** Dennis R Ziff **CFO HEAD COS. LLC MANAGER** 2/22/05 (251) 928-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #