

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000677

Entity Name: S.R. BEACH DREAMS, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

6142 WEST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

6142 WEST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-5115822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYGOOD, MICHAEL E
6142 WEST COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAYGOOD, MICHAEL E
Address: 6142 WEST COUNTY HIGHWAY 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: MURPHY, THOMAS
Address: 4138 JONQUIL CIRCLE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: MURPHY, BRADLEY
Address: 120 DORSETTE DRIVE
City-St-Zip: FAYETTEVILLE, GA 30214 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL E HAYGOOD

MGRM

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date