

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

01-23-2008 90024 008 ***138.75

DOCUMENT # L05000023429 1. Entity Name JOEY'S BEAVER CREEK, LLC			
Principal Place of Business 61 AVAONDALE LN UNIT 104 AVON, CO 81620		Mailing Address 13794 NW 4TH ST SUITE 200 SUNRISE, FL 33325	
2. Principal Place of Business - No P.O. Box # 61 Avondale Ln.		3. Mailing Address 13794 NW 4th ST.	
Suite, Apt. #, etc. Unit 104		Suite, Apt. #, etc. Suite 200	
City & State Avon, CO		City & State Sunrise, FL	
Zip 81620	Country US	Zip 33325	Country US
6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 2685 HACKNEY RD WESTON, FL 33331		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: 01/18/08 Signature typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR ☐ Delete NAME PEREZ, JOSEPH H STREET ADDRESS 2685 HACKNEY RD CITY-ST-ZIP WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGRM ☐ Delete NAME PEREZ, HEINRICH J STREET ADDRESS 2685 HACKNEY RD CITY-ST-ZIP WESTON, FL 33331	TITLE Member Principal NAME Perez, Heinrich J STREET ADDRESS 2685 Hackney Rd CITY-ST-ZIP Weston, FL 33331	☒ Change ☐ Addition	
TITLE MGRM ☐ Delete NAME PEREZ, NICOLE J STREET ADDRESS 2685 HACKNEY RD CITY-ST-ZIP WESTON, FL 33331	TITLE Member Principal NAME Perez, Nicole J. STREET ADDRESS 2685 Hackney Rd. CITY-ST-ZIP Weston, FL 33331	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:		01/18/08 9548370456	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	