

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030148

FILED
Apr 10, 2006
Secretary of State

Entity Name: BEACHSIDE PROPERTIES & DEVELOPMENT, LLC

Current Principal Place of Business:

802 16TH AVE.
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

517 DELTONA BLVD.
A
DELTONA, FL 32725 US

Current Mailing Address:

802 16TH AVE.
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

517 DELTONA BLVD.
A
DELTONA, FL 32725 US

FEI Number: 61-1487876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, CODY M
802 16TH AVE.
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

WILKERSON, CODY M
720 PINE STREET
DELAND, FL 32720 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:

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILKERSON, CODY M
Address: 802 16TH AVE.
City-St-Zip: NEW SMRYNA BEACH, FL 32169

Title: MGRM () Delete
Name: WILKERSON, TIM L
Address: 802 16TH AVE.
City-St-Zip: NEW SMRYNA BEACH, FL 32169

Title: MGRM (X) Delete
Name: WILKERSON, COLE Y
Address: 802 16TH AVE.
City-St-Zip: NEW SMRYNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILKERSON, CODY M
Address: 720 PINE STREET
City-St-Zip: DELAND, FL 32720

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 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: TIM WILKERSON

MGMR

04/10/2006

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