2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000033418

1. Entity Name
BACK BEACH ROAD, LLC

Principal Place of Business
82 SIXTH STREET
APALACHICOLA, FL 32320

Mailing Address
82 SIXTH STREET
APALACHICOLA, FL 32320

BK

FILED
07 APR 18 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04112007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MONOD, OLIVIER
82 SIXTH STREET
APALACHICOLA, FL 32320

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MONOD, OLIVIER
STREET ADDRESS	82 SIXTH STREET
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: OLIVIER MONOD 4/16/7 850.899.7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #