


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90077 006 \*\*\*\*50.00

<b>DOCUMENT # L05000039209</b>		
1. Entity Name <b>BEACHES INVESTMENTS, LLC</b>		

Principal Place of Business <b>444 SEABREEZE BOULEVARD SUITE 1001 DAYTONA BEACH, FL 32118 US</b>	Mailing Address <b>444 SEABREEZE BOULEVARD SUITE 1001 DAYTONA BEACH, FL 32118 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 1000</b>		Suite, Apt. #, etc. <b>Suite 1000</b>	
City & State		City & State	
Zip	Country	Zip	Country

**20041395**

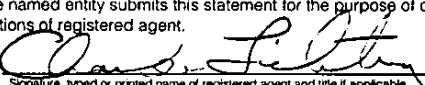


04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For	Applied For
		Not Applicable

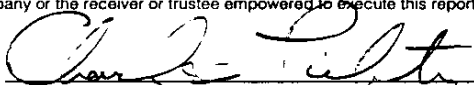
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KENNEDY, R. MICHAEL 444 SEABREEZE BOULEVARD, SUITE 1001 DAYTONA BEACH, FL 32118</b>		7. Name and Address of New Registered Agent Name <b>Charles S. Lichtigman</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 Seabreeze Boulevard</b> <b>Suite 1000</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32118</b>	
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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 	4-27-06 DATE

<b>Filing Fee is \$50.00 Due by May 1, 2006</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	MGRM <input type="checkbox"/> Delete <b>LIGHTCO LIMITED PARTNERSHIP, A NEVADA LIMI 444 SEABREEZE BOULEVARD, SUITE 1001 DAYTONA BEACH, FL 32118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Suite 1000</b>
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
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
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 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: 	4-27-06 (386) 238-3600 Date Daytime Phone #