


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90175 016 \*\*\*\*55.00

<b>DOCUMENT # L05000040251</b> 1. Entity Name <b>BEACH STREET HOLDINGS, LLC</b>																													
Principal Place of Business <b>1313 W. MIDWAY ROAD FT. PIERCE, FL 34982</b>				Mailing Address <b>1313 W. MIDWAY ROAD FT. PIERCE, FL 34982</b>																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
<b>GITTINGS, RICHARD</b> <b>1313 W. MIDWAY ROAD</b> <b>FT. PIERCE, FL 34982</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>																											
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">GITTINGS HOLDINGS, LLC</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">134 S.E. ASHLEY OAKS WAY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">STUART, FL 34997</td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GITTINGS HOLDINGS, LLC		STREET ADDRESS	134 S.E. ASHLEY OAKS WAY		CITY-ST-ZIP	STUART, FL 34997		<b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.																													
<b>SIGNATURE:</b> <u>John C. Murphy, MGRM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2-15-06</u> (772) 216-4852 <small>Daytime Phone #</small>																									