

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000044145

FILED
Nov 14, 2007
Secretary of State**Entity Name:** SOUTHERN BEACH REALTY, LLC**Current Principal Place of Business:**4507 FURLING LANE
SUITE 205
DESTIN, FL 32541**New Principal Place of Business:**1131 MACK BAYOU ROAD
SUITE D
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**830 GULF SHORE DRIVE
SUITE 5025
DESTIN, FL 32541**New Mailing Address:**1131 MACK BAYOU ROAD
SUITE D
SANTA ROSA BEACH, FL 32459**FEI Number:** 20-2805436**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCKAREM, SAMUEL S
4507 FURLING LN
SUITE 205
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**LINDA A. QUINLAN, P.A.
1131 MACK BAYOU ROAD
SUITE D
SANTA ROSA BEACH, FL 32459 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: LINDA A. QUINLAN

11/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: MCKAREM, SAMUEL S
Address: 830 GULF SHORE DRIVE, SUITE 5025
City-St-Zip: DESTIN, FL 32541Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: LINDA A. QUINLAN, P., A.
Address: 1131 MACK BAYOU ROAD, SUITE D
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL S. MCKAREM

MGRM

11/14/2007

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