LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 25 AM 10:33

DOCUMENT # L 05000044145

1. Entity Name

Southern Beach Realty LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1131 Mack Bayou Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa Beach FL	City & State
Zip: 32459 Country: USA	Zip: Country:

CR2E083B (11/08)

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. **DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Heather Jeanneret

Street Address (P.O. Box Number is Not Acceptable):

761 Bay Grove Rd

City: Freeport FL Zip Code: 32439

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: Heather E. Jeanneret 4/25/12
Signature, typed or printed name of registered agent and title if applicable. DATE

January 1 - May 1 Fee Is $138.75
After May 1, Fee Is $538.75
Amended AR Is $50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE	Managing Member
NAME	Heather Jeanneret
STREET ADDRESS	761 Bay Grove Rd
CITY-ST-ZIP	Freeport, FL 32439
TITLE	MBR
NAME	Cassandra Martin Tapia
STREET ADDRESS	311 N. Holiday Rd
CITY-ST-ZIP	Santa Rosa Bch FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

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05/04/12--01014--001 **138.75

DO NOT WRITE IN THIS SPACE

postmarked 4/25/12

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 606, Florida Statutes.

SIGNATURE: Heather E. Jeanneret 850-217-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

L Hampton MAY - 4 2012