

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000052150

1. Entity Name
BEACH BROTHERS II, LLC



Principal Place of Business
**1499 HIGHWAY 434 W
LONGWOOD, FL 32750**

Mailing Address
**1499 HIGHWAY 434 W
LONGWOOD, FL 32750**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2537361	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ANDERSON, JEFF J
1499 HIGHWAY 434 W
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000837389
03/04/08-80055-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, JEFF J 1499 HIGHWAY 434 W LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIDGEN, J. SCOTT 1499 HIGHWAY 434 W LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLD, MITCHELL A 1499 HIGHWAY 434 W LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAPORE, CHRISTOPHER R 1499 HIGHWAY 434 W LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Christopher R Dapore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/25/08
Date

407-360-8500
Daytime Phone #