

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085442

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: BEACHLIFE HIPPO TWO, LLC

**Current Principal Place of Business:**

956 HOLLY CIRCLE  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1953  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

FEI Number: 20-3382344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODEN, JOE  
956 HOLLY CIRCLE  
ORMOND BEACH, FL 32176 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUNFEST GROUP, LLC,  
Address: P. O. BOX 1953  
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: MGRM ( ) Delete  
Name: BEACHLIFE GROUP, LLC,  
Address: P. O. BOX 323  
City-St-Zip: ORMOND BEACH, FL 32175

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUNFEST GROUP

MGRM

04/25/2006

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