

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085442

FILED
Apr 27, 2007
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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: SYMMES, JOHN
Address: 10920 LENTFER COURT
City-St-Zip: ORLAND PARK, IL 60467

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: MARTHA WAGNER

MGRM

04/27/2007

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