2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092555

1. Entity Name

BEACH TITLE SERVICES, L.L.C.



Principal Place of Business

Mailing Address

4 LAGUNA STREET, SUITE 101 FT. WALTON BEACH, FL 32548 4 LAGUNA STREET, SUITE 101 FT. WALTON BEACH, FL 32548

FILED Jan 28, 2008 08:00 AM **Secretary of State**



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For
20-3503360		1	Not Applicable
5. Certificate of Status Desired	\$5.0		Additional

6. Name and Address of Current Registered Agent

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4 LAGUNA SUITE 101	· - · ·	DO NOT VIN THIS S	or the grid markets as a significant of the signifi
the obligat	named entity submits this statement for the purpose of changin ions of registered agent.	g its registered office or registered agent, or both, in the State o	Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
After May	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		Madan Maria
TITLE	MGR -	Harrier Best Bris Held Free Est	
NAME	COLBERT, RICHARD M MGR	医多类性 表為,持有以於關東民民	
STREET ADDRESS	4 LAGUNA ST., STE. 101		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548		
TITLE		The Market State of the Columbia	000800271
NAME CTREET ADDRESS			08-80010-021 (138.75 ···
STREET ADDRESS CITY-ST-ZIP			
UIT-31-ZIP		■10、またまりにも変われていたよう。 ともだた は続き	""""""",我们还是我的一定,一个是没有不是一点了我们

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 raphity company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

(850) 244-0350

Daytime Phone #