

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90072 007 \*\*\*\*50.00

|  |  |                                      |  |   |   |
|--|--|--------------------------------------|--|---|---|
| <b>DOCUMENT # L05000097173</b><br>1. Entity Name<br><b>COQUINA BEACH BEADWORK OF NE FLORIDA LLC</b>  |  |                                      |  |   |   |
| Principal Place of Business<br><b>216 CROSTERN COURT<br/>PONTE VEDRA BEACH, 32082 FL</b>   |  |                                      | Mailing Address<br><b>216 CROSTERN COURT<br/>PONTE VEDRA BEACH, 32082 FL</b> |   |   |
| 2. Principal Place of Business<br><i>Beserve</i>   |  | 3. Mailing Address<br><i>Beserve</i> |  |   |   |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>              |  | 07272006 Chg-LLC CR2E083 (11/05)  |   |
| City & State<br>   |  | City & State<br>                     |  | 4. FEI Number<br><i>6049993-4095</i>  |   |
| Zip<br>  |  | Country<br>                          |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BARTLETT, MARCY K<br/>216 CROSSTERN COURT<br/>PONTE VEDRA BEACH, FL 32082</b>  |  |                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>  |  |                                      |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |  |                                      |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                      |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>BARTLETT, MARCY K<br>216 CROSSTERN COURT<br>PONTE VEDRA BEACH, FL 32082 |                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Marcy K. Bartlett</i> <span style="float: right;">7/29/2006</span>   |  |                                      |  |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                                      |  |   |   |



**ATTACHMENT**  
**30012837**  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2006

COQUINA BEACH BEADWORK OF NE FLORIDA LLC  
216 CROSTERN COURT  
PONTE VEDRA BEACH, FL 32082 FL

Subject: COQUINA BEACH BEADWORK OF NE FLORIDA LLC

Reference Number: **L05000097173**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION

*I do not need  
a Fei # for  
this busn-  
I have a Sales  
Tax #  
65801333*

P.O. BOX 6478 - Tallahassee, Florida 32314

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