

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90179 024 ****50.00

DOCUMENT # L05000102687

1. Entity Name

BEACH VACATION RENTALS, LLC



Principal Place of Business

2700 W. ATLANTIC BLVD.
SUITE 203
POMPANO BEACH, FL 33069

Mailing Address

2700 W. ATLANTIC BLVD.
SUITE 203
POMPANO BEACH, FL 33069

40117877



01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0386310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELAINE, FLOREA
2700 W. ATLANTIC BLVD.
SUITE 203
POMPANO BEACH, FL 33069

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------------|
| TITLE | MGR |
| NAME | ELAINE, FLOREA |
| STREET ADDRESS | 2700 W. ATLANTIC BLVD., SUITE 203 |
| CITY-STATE-ZIP | POMPANO BEACH, FL 33069 |

| | |
|----------------|-----------------------------|
| TITLE | Director |
| NAME | Elaine Lizzio |
| STREET ADDRESS | 2700 W. Atlantic Blvd. #203 |
| CITY-STATE-ZIP | Pompano Beach, FL 33069 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-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.