

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103234

Entity Name: BEACH HOUSE SERVICES, LLC

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

19551 S. TAMiami TRAIL
FT. MYERS, FL 33908

New Principal Place of Business:

25354 CADIZ DR
PUNTA GORDA, FL 33955

Current Mailing Address:

P.O. BOX 311
ESTERO, FL 33928

New Mailing Address:

FEI Number: 20-3651154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, JENNIFER J
19551 S. TAMiami TRAIL
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

CHAMBERS, JENNIFER J
25354 CADIZ DR
PUNTA GORDA, FL 33955 US

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: JENNIFER CHAMBERS

02/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAMBERS, JOHN D
Address: 19551 S. TAMiami TRAIL
City-St-Zip: FT. MYERS, FL 33908

Title: MGR () Delete
Name: CHAMBERS, JENNIFER J
Address: 19551 S. TAMiami TRAIL
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHAMBERS, JOHN D
Address: 25354 CADIZ DR
City-St-Zip: PUNTA GORDA, FL 33955

Title: MGR (X) Change () Addition
Name: CHAMBERS, JENNIFER J
Address: 25354 CADIZ DR
City-St-Zip: PUNTA GORDA, FL 33955

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: JENNIFER CHAMBERS

MGR

02/09/2007

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