

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107108

Entity Name: BEACHLIFE ORLANDO, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 1953
NEW SMYRNA BEACH, FL 32170 US

New Principal Place of Business:

700 N PENINSULA
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

PO BOX 1953
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 20-3726539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 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: PO BOX 1953
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

Title: MGRM () Delete
Name: BEACHLIFE GROUP, LLC,
Address: PO BOX 323
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: MGRM () Delete
Name: RISING LIGHT, LLC,
Address: 3219 OBERLIN AVENUE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

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

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

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

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 T WAGNER

MGRM

04/27/2007

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