

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111538

FILED
Jul 07, 2008
Secretary of State

Entity Name: BEACH BUMS VACATION RENTALS LLC

Current Principal Place of Business:

2396 SCENIC GULF DRIVE
SUITE 311
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

61 RIVER CHASE
HOSCHTON, GA 30548 US

New Mailing Address:

FEI Number: 20-4132183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GORDON, KIM
Address: 61 RIVER CHASE
City-St-Zip: HOSCHTON, GA 30548 US

Title: MGRM () Delete
Name: GORDON, DAVE
Address: 61 RIVER CHASE
City-St-Zip: HOSCHTON, GA 30548 US

Title: MGRM () Delete
Name: BOYER, JEFF
Address: 61 RIVER CHASE
City-St-Zip: HOSCHTON, GA 30548 US

Title: MGRM () Delete
Name: BOYER, CINDY
Address: 61 RIVER CHASE
City-St-Zip: HOSCHTON, GA 30548 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:

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: KIM GORDON

VP

07/07/2008

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