


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-15-2007 90150 016 ****50.00

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DOCUMENT # L06000006872					
1. Entity Name AMERICAN BEACH PARTNERS, LLC					
Principal Place of Business 1732 MARGARET STREET JACKSONVILLE, FL 32204			Mailing Address 1732 MARGARET STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0373946	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, CARLTON D 1732 MARGARET STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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: _____			Date: 4/25/07 904764-7745		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					