

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027014

Entity Name: 799 N. BEAL STREET, LLC

FILED
Jul 23, 2007
Secretary of State

Current Principal Place of Business:

103 WALKEDGE DRIVE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

103 WALKEDGE DRIVE
FT. WALTON BEACH, FL 32548

New Mailing Address:

1207 B US HWY 331 SOUTH
DEFUNIAK SPR, FL 32435

FEI Number: 20-4672453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ROCKMAN, LAWTON O
955 SMITH ROAD
DEFUNIAK SPRINGS, FL 32433 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: MGR () Delete
Name: ROCKMAN, LAWTON O
Address: 955 SMITH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM () Delete
Name: ROCKMAN, MILDRED C
Address: 103 WALKEDGE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGR () Delete
Name: ROCKMAN, LAWTON O
Address: 955 SMITH ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGR () Delete
Name: ROCKMAN, KEITH L
Address: 348 BROOKS STREET
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGR () Delete
Name: ROCKMAN, TIMOTHY W
Address: 1135 ROCKMAN LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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: LAWTON ROCKMAN

MGR

07/23/2007

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