

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027014

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: 799 N. BEAL STREET, LLC

**Current Principal Place of Business:**

103 WALKEDGE DRIVE  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

1207 B US HWY 331 SOUTH  
DEFUNIAK SPR, FL 32435

**New Mailing Address:**

FEI Number: 20-4672453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 O. ROCKMAN

MGR

01/23/2008

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