2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L06000027014

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 01/29/2009

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