

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2007 90320 028 *****50.00


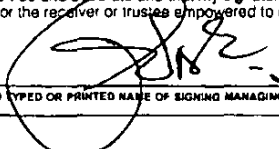
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|---------------------------------|--|---|--|--|
| DOCUMENT # L06000045726 | | | |  | |
| 1. Entity Name BEACHSIDE HOSPITALITY OF PENSACOLA BEACH, LLC | | | | | |
| Principal Place of Business 113 BAY BRIDGE PROFESSIONAL PARK GULF BREEZE, FL 32561 | | | Mailing Address 113 BAY BRIDGE PROFESSIONAL PARK GULF BREEZE, FL 32561 | | |
| 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 26-0463673 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BEGGS & LANE LLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502 | | | | 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 reappointing) 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgrm Julian MacQueen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 113 Bay Bridge Prof. Park Gulf Breeze, Fl 32561 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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 606, Florida Statutes. | | | | | |
| SIGNATURE:  - JACK WORK | | 4/16/07 | | 850-934-3609 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |

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