

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90340 011 ***143.75

DOCUMENT # L06000047952					
1. Entity Name BEACH CABANA BOYS, LLC					
Principal Place of Business 1682 SAN SILVESTRO VENICE, FL 34285 US			Mailing Address 13060 GOLF SIDE 5031 Perismon Tr CLIO, MI 48420 US CLIO, MI 48420		
2. Principal Place of Business - No P.O. Box # 9042 MIDNIGHT PASS RD		3. Mailing Address 5031 Perismon Tr			
Suite, Apt. #, etc. 1B		Suite, Apt. #, etc.		01032008 Chg-LLC CR2E083 (12/06)	
City & State Siesta Key - Sarasota		City & State CLIO, MI		4. FEI Number 01-0864178	
Zip 34242		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONKER, GEORGE N 1682 SAN SILVESTRO VENICE, FL 34285			Russell W. Reed 9042 MIDNIGHT PASS RD Siesta Key Sarasota, FL 34242		
Russell W. Reed 9042 MIDNIGHT PASS RD Siesta Key Sarasota, FL 34242			Name: Russell W. Reed Street Address (P.O. Box Number is Not Acceptable): 9042 MIDNIGHT PASS RD 1B City: Sarasota, FL Zip Code: 34242		
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:				DATE: 1-10-08	
(NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONKER, GEORGE N 1682 SAN SILVESTRO VENICE, FL 34285	<input checked="" 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	MGRM REED, RUSSELL W 5031 PERISMON TR. CLIO, MI 48420	<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	
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	
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	
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: 1-10-08 810-869-3944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	