

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078862

FILED
Apr 05, 2009
Secretary of State

Entity Name: BEACHVEST, LLC

Current Principal Place of Business:

10878 SCOTT MILL RD.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

10878 SCOTT MILL RD.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-5379969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSRUCK, PAUL ESQ.
159 HAMPTON POINT DRIVE
SUITE 4
ST. AUGUSTINE, FL 32092 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: MGRM () Delete
Name: FEENEY, JOHN M
Address: 10878 SCOTT MILL RD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR () Delete
Name: LLUBERAS, MANUEL
Address: 4863 ASHLEY MANOR WAY WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: SUMMERLIN, JAMES T
Address: 1621 6TH AVE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete
Name: INGRAM, SONJA
Address: 4302 POWDERHORN COURT
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR () Delete
Name: HINKEN, LARRY F
Address: 2001 LAKESHORE DRIVE N.
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR () Delete
Name: WITKOWSKI, PAUL
Address: 1451 PINE GROVE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: JOHN M. FEENEY

MGRM

04/05/2009

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