2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086705



FILED Apr 04, 2007 8:00 am Secretary of State

1. Entity Name LIFE IS A BEACH, LLC							04-04-2007	90036 03	30 ****5:	5.00
Principal Place of Business 624 MONROE AVE SUITE 202 CAPE CANAVERAL, FL 32920			Mailing Address 624 MONROE AVE SUITE 202 CAPE CANAVERAL, FL 32920			. I (A B (4 A) (4 A) (4 A) (4 A)	. Ester skil srik stell stell	## ### ###############################	1 1838 SANTI BII	FD I ST 18 4 5
2. Principal P	lace of Busin	iess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072007	Chg-LLC	CR2E08	33 (12/06)	
City & State			City & State		4. FEI Number 20 - 3	548323	6		plied For t Applicable	
Zip	Zip Country		Žip Count		try	5. Certificate of Status Desired \$5.00 Additional Fee Required				
8. Name and Address of Current F			egistered Agent		7. Name and Address of New Registered Agent					
					Name					
SALMEN, JOANNA S 624 MONROE AVENUE			Street Addres		s (P.O. Box Numb	er is Not Acceptable	9)			
SUITE 202 CAPE CANAVERAL, FL 32920										•
i i i i i i i i i i i i i i i i i i i					City			FL	Zip Code)
	named entity	y submits this statement for t	he purpose of changing its	registere	ed office or regist	stered agent, or bo	th, in the State of Fi	orida. I am fa	miliar with,	and accept
SIGNATURE .										
Oldien Toric	Signature, typed	or printed name of registered agent an	d sitle if applicable. (NOT	E: Regustere	d Agent signature requi	ired when reinstating)		DATE	······································	
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9. ··	ling Fee I ue by May	S \$50.00 1, 2007 MANAGING MEMBER	S/MANAGERS	10.	:			a Departme		Addition
9. ·	MGRM	y 1, 2007		_	•		Florid	a Departme	ent of State	
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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: JULY PARLEY VISSA VANDER VISSA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3.30 01