

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086879

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** BEACH APPLIANCE PARTS AND SERVICES, L.L.C.

**Current Principal Place of Business:**

9007 FRONT BEACH ROAD  
PANAMA CITY, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

9007 FRONT BEACH ROAD  
PANAMA CITY, FL 32407

**New Mailing Address:**

**FEI Number:** 75-3221615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, TIMOTHY J  
427 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

O'CONNOR, FRANK J  
912 COLLEGE BLVD  
LYNN HAVEN, FL 32444 US

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: FRANK J O'CONNOR

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'CONNOR, F. JAMES  
Address: 912 COLLEGE BLVD.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete  
Name: WAVE, ERIK A  
Address: 2809 KRYSTAL LEIGH COURT  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: O'CONNOR, FRANK J  
Address: 912 COLLEGE BLVD.  
City-St-Zip: LYNN HAVEN, FL 32444

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: FRANK J O'CONNOR

MGM

04/25/2008

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