2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # L0600010 BILT BEACH, LLC	3812					01-29-2007	•	44 ****	
Principal Place	e of Business	Mailing Address					000-			
1695 ROOD POINT ROAD MUSKEGON, MI 49441		1695 ROOD POINT ROAD MUSKEGON, MI 49441					· · .			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Numbe	20-5845	5420	→	pplied For ot Applicable	
Zìp	Country	Zip	Countr	Country		5. Certificate	of Status Desired		5.00 Ad ee Require	ditional
	6. Name and Address of Currer	nt Registered Agent				7. Name and	Address of New R	egistered A	gent	
HUNT PA	т			Name						
HUNT, PAT 3147 LANCASTER DRIVE, #1 NAPLES, FL 34105				Street A	treet Address (P.O. Box Number is Not Acceptable)					
			Ĺ							
				City				FL	Zip Coc	de
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	d office or	r registere	ed agent, or bot	h, in the State of Flo	rida. I am fa	ımiliar with,	, and accept
CICNIATURE										
SIGNATURE .	Cignature based as printed pages of societared age	at and tole if an afairful.	C Designation					D. 75		
Fi	Signature, typed or printed name of registered age ling Fee is \$50.00 ue by May 1, 2007	nt and title if applicable. (NOT)	E: Registered /	Agent signatu	ure required	when reinstating)		e check pa	-	te
Fi Dı	ling Fee is \$50.00 ue by May 1, 2007			Agent signati	ure required	when reinstating)	Florida	e check pa Departme	-	te
Fi Du	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEME	BERS/MANAGERS	10.	Agent signati			Florida ADDITIONS/	e check pa Departme	nt of Stat	
Fi Dı	ling Fee is \$50.00 ue by May 1, 2007			Agent signatu	MA	NA GER	Florida ADDITIONS/	e check pa Departme	-	Addition
9. TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEME MGR HUNT, PAT 3147 LANCASTER DRIVE #1	BERS/MANAGERS	10. TITLE NAME STREET	ADDRESS	MA HU1 1693	ANAGER NT, ANN ROOD	ADDITIONS/	e check pa Departme	nt of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEME MGR HUNT, PAT	BERS/MANAGERS	10. TITLE NAME STREET CITY-S	ADDRESS	MA HU1 1693	ANAGER NT, ANN ROOD	Florida ADDITIONS/	e check pa I Departme CHANGES	nt of Stat	Addition
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11. I Refeby certify that the information supplied with this filling 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: Pat Hent PAT HUNT 1-18-07 239-263-4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Despiring Priorie #