
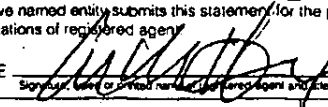



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

04-15-2008 90107 004 ***138.75

DOCUMENT # L07000006420					
1. Entity Name BEACH CLUB COTTAGES DEVELOPERS, LLC					
Principal Place of Business 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250			Mailing Address 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
6. Name and Address of Current Registered Agent HOWE, ANDREW M V 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
State			State		
Zip			Zip		
Country			Country		
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: 					
(NOTE: Registered Agent signature required when renewing)					
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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOWE, ANDREW M V 328 2ND AVENUE NORTH JACKSONVILLE BEACH, FL 32250				
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Delete					
10. ADDITIONS / CHANGES					
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"/> Change <input type="checkbox"/> Addition					
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"/> Change <input type="checkbox"/> Addition					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4/11/08					
Devere Phone #: (904) 270-0220					