

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007725

FILED
Apr 25, 2008
Secretary of State

Entity Name: BEACH TRAIL BUNGALOW, LLC

Current Principal Place of Business:

101 E. KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 E. KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-8281420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNEWEIN, JONATHAN P
101 E. KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JENNEWEIN, JONATHAN P
Address: 101 E. KENNEDY BLVD., SUITE 3700
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Change (X) Addition
Name: JENNEWEIN, DONALD A
Address: 201 E. KENNEDY BLVD., SUITE 1111
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Change (X) Addition
Name: CURRAN, MICHAEL
Address: 4030 MOORLAND DRIVE
City-St-Zip: CHARLOTTE, NC 28226 US

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: JONATHAN P. JENNEWEIN

MGR

04/25/2008

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