

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90120 013 \*\*\*138.75

**DOCUMENT # L07000098904**



1. Entity Name  
**BEACH BOY BUILDERS, LLC**

Principal Place of Business  
**3940 ARBOR TRACE DR**  
**APT O**  
**LYNN HAVEN, FL 32444 US**

Mailing Address  
**3940 ARBOR TRACE DR**  
**APT O**  
**LYNN HAVEN, FL 32444 US**

**60016371**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**26-1158733**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BEACH, ADAM**  
**3940 ARBOR TRACE DR**  
**APT O**  
**LYNN HAVEN, FL 32444**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 reinstating) 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**

**10. ADDITIONS/CHANGES**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGRM**  
**BEACH, ADAM**  
**3940 ARBOR TRACE DR, APT O**  
**LYNN HAVEN, FL 32444**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
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 STREET ADDRESS  
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 CITY-ST-ZIP

Change  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: *Adam Beach* **Adam Beach** 3-19-08 850-527-1097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #