2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L08000101492

Entity Name: BEACH VACATIONS 4 ME, LLC

Current Principal Place of Business:

546 LONGBOAT CIRCLE
NORTH CAPTIVA, FL 33924 US

New Principal Place of Business:

Current Mailing Address:

206 THORNEWOOD DR.
GRANVILLE, OH 43023 US

New Mailing Address:

FEI Number: 26-3639099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUEHL, TIMOTHY J
5400 PINE ISLAND RD.
SUITE D
BOKEELIA, FL 33922 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: MGRM ( ) Delete
Name: RAPP, SARAH M
Address: 206 THORNEWOOD DR.
City-St-Zip: GRANVILLE, OH 43023 US

Title: MGRM (X) Delete
Name: RAPP, MICHAEL D
Address: 206 THORNEWOOD DR.
City-St-Zip: GRANVILLE, OH 43023

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SARAH M. RAPP MGRM 01/08/2009

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