2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 29, 2005 8:00 am
Secretary of State
06-29-2005 90087 017 ****55.00

DOCUMENT # L97000000805

1. Entity Name
BEACHWALKER PROPERTIES, L.C.

Principal Place of Business	Mailing Address
~~45 E. FIRST ST.~~ 1864 Sunset Dr. ST. GEORGE ISLAND FL 32328	% LEROY G. NOEL 2017 CARDINAL LANE NORTH LIBERTY IA 52317

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 42-1438431 ☐ Applied For ☐ Not Applicable

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
NOEL, LEROY G ~~541 E. FIRST STREET~~ ~~ST. GEORGE ISLAND FL 32328~~	Name: Noel, Leroy G Street Address (P.O. Box Number is Not Acceptable): 1864 Sunset Dr City: St George Island, Fl FL Zip Code: 32328

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 Leroy G Noel [signature] 6/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NOEL, LEROY G		NAME		
STREET ADDRESS	2017 CARDINAL LANE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LIBERTY IA 52317		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NOEL, MARY S		NAME		
STREET ADDRESS	2017 CARDINAL LANE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LIBERTY IA 52317		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Leroy G Noel 6/20/05 850-323-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #