## File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

SIGNATURE:



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Daving Book #

	199	<i>3</i>	STATES!	DIVISION OF C	ONFORATIONS	O.		99 APR -	-7 PM 2:23	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee									=	
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 1298000000572										
BLUE MOUNTAIN BEACH ASSOCIATES, L.C.							1a. Principal Place of Business Address			
35008 EMERALD COAST PARKWAY, SUITE 400							35008 EMERALD COAST PARKWAY,			
DESTIN FL 32541							DESTIN FL 32541			
2 Principal Place of Business			2a. Mailing Address				3. Date Organize	d or Qualified	3a. State of Formation	
Suite Apt. #, etc			Suite Ant	Suite Apt. #, etc.			05/06/1	998	FL	
Suite, Apt. #, etc			Suite, Apr. W. etc.				4. FEI Number Applied For			
City & State			City & Sta	City & State			59-3541099 Not Applicable			
								eport	6. Certificate of Status Desired	
Zip		Country	Zip	Co	ountry				S8 75 Additional Fee Required	
	7 Nome	and Address of Curren	l Registered	Agent	<del>-</del> 1	R N	ame and Address	of New Regis	tered Agent/Office	
7. Name and Address of Current Registered Agent					Name	B. Name and Address of New Registered Agent/Office     Name				
FORBES, JAMIE V										
35008 EMERALD COAST PARKWAY, SUITE 4 DESTIN FL 32541					A Street Add	Street Address (P.O. Box Number is Not Acceptable)			ole)	
DWRITE 17 2524T					Suite, Apt	Suite, Apt #, etc				
						•			9/99 01002 001	
					City	**** 188.75 ****188.75 City Zip Code				
						FL				
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.										
SIGNATURE [Registreed Agent Accepting Appendicum]. (IVO)'s Registerio Agent separative require o where the state of							[	DATE .		
10. Title	Managing Members/Managers Bu				isiness Street Ad	ness Street Address			City, State and Zip Code	
MGR	RUTLAI	ND FORBES C	OMPANY	35008 E	MERALD (	COAS	T PARKWA	DESTI	N FL	
1	•									
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	<u> </u>		<del></del>	L						
11. Ido hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119 07(3) (i). Florida Statutes - I further certify that the information indicated on this annual report is true and accurate another my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the										
limited hab	oility company o	r the receiver or trustee e	propowered to	execute this report	as required by Ch	napter60	8 Florida Statule:	s; and that my n	ame appears in Block 10, or on an	
attachmen	it with an addre	iss.	Jims MI	AND SAY	/ TIAN	12	rates 6.	The form	1. <i>850</i> -	