

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000979

1. Entity Name
BEACH DRIVE ASSOCIATES, L.C.



Principal Place of Business
**P.O. BOX 801
ST. PETERSBURG, FL 33731**

Mailing Address
**P.O. BOX 801
ST. PETERSBURG, FL 33731**



02182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3519475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOND, WILLIAM JR.
4695 ALISA CR. NE
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

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

William Bond
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PETAGNA, COOPER
STREET ADDRESS	770 2ND AVE. S.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701

TITLE	MGR
NAME	WATTERS, JAMES
STREET ADDRESS	224 BEACH DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701

TITLE	MGR
NAME	BOND, WILLIAM JR.
STREET ADDRESS	P.O. BOX 801
CITY-ST-ZIP	ST. PETERSBURG, FL 33731

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000059398
02/20/04-80080-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

William Bond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #

2-17-04

787-822-3226