

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000144

FILED  
Jun 26, 2007  
Secretary of State

**Entity Name:** AMERICAN BEACH PROPERTIES, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 15666  
FERNANDINA BEACH, FL 32035

**New Principal Place of Business:**

95575 BURNEY ROAD  
FERNANDINA BEACH, FL 30234

**Current Mailing Address:**

P.O. BOX 198007  
CINCINNATI, OH 45219

**New Mailing Address:**

FEI Number: 59-3560130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BROWN, TONY T MR.  
735 BETULA AVENUE  
CINCINNATI, OH, FL 45229      US

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: BROWN, LAWANDA  
Address: P.O. BOX 198007  
City-St-Zip: CINCINNATI, OH 45219

Title: MGMR ( ) Delete  
Name: BROWN, TONY  
Address: PO BOX 198007  
City-St-Zip: CINCINNATI, OH 45219

**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: LAWANDA BROWN

MGRM

06/26/2007

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