


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003054**  
1. Entity Name  
GULF COAST BEACH SERVICES, L.C.



|  |  |
|--|--|
| Principal Place of Business<br>POST OFFICE BOX 6368<br>MIRAMAR BEACH, FL 32550 | Mailing Address<br>POST OFFICE BOX 6368<br>MIRAMAR BEACH, FL 32550 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-LLC CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3581589                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent  
  
KELLEY, CHARLES K  
4179 COUNTY HIGHWAY 280-A  
DEFUNIAK SPRINGS, FL 32435

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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  DATE 4-17-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KELLEY, CHARLES KEITH<br>144 SOUTH SHORE DRIVE<br>DESTIN, FL 32550 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>PETERSON, BRIAN CHARLES<br>144 SOUTH SHORE DRIVE<br>DESTIN, FL 32550 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

100000532751  
05/06/06-80096-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  Charles Kelley DATE 4-17-06 850-259-8522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #