est State

ANNUAL REPORT				Feb 27, 2004 08:00 All Secretary of State	
	MENT # M00000	001039		- Secretary of State	
1. Entity Name ONE BEACH CLUB DRIVE, LLC					
Principal Place of Business Mailing Address 15000 EMERALD COAST PARKWAY 15000 EMERALD COAST PA DESTIN, FL 32541 DESTIN, FL 32541			'AY	ווו האפרושה הוא שאות הואור האותה הואת ההפר הואת ההפר הואת ההפר הואת ההפר הואת ההפרושה ה	
DO NOT WRITE IN THIS SPA			E	01062004 No Chg-LLC	
	6. Name and Address of Cu	rent Registered Agent			
NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL N., SUITE 300 NAPLES, FL 34103 8. The above named entity submits this statement for the purpose of changing its register.				DO NOT WRITE IN THIS SPACE	
SIGNATURE.	Signature, typed or printed name of registerer Filling Fee is \$50.00 Oue by May 1, 2004	agent and little if applicable (NOTE Registered	Agent signature require	d when renstating).	
9.	MANAGING M	EMBERS/MANAGERS	*	Hard to the state of the state	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE D NAME BECNEL, THOMAS STREET ADDRESS 15000 EMERALD COAST PKWY DESTIN, FL 32541 TITLE D NAME MCCOOK, IAN STREET ADDRESS 15000 EMERALD COAST PKWY			U00000068839 02/27/04-80059-006 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	DESTIN, FL 32541	YKWY		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		77 334			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 repetitor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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