

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90325 004 \*\*\*\*50.00

**60047023**



04272007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M01000000940</b> 1. Entity Name <b>BEACHBOY, LLC</b>					
Principal Place of Business <b>45 W. PROSPECT AVE. GUILDHALL BLDG., STE. 1500 CLEVELAND, OH 44115</b>			Mailing Address <b>45 W. PROSPECT AVE. GUILDHALL BLDG., STE. 1500 CLEVELAND, OH 44115</b>		
2. Principal Place of Business - No P.O. Box # <b>5847 San Felipe</b> Suite, Apt. #, etc. <b>Suite 4650</b>		3. Mailing Address <b>5847 San Felipe</b> Suite, Apt. #, etc. <b>Suite 4650</b>		4. FEI Number <b>52-2290930</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
City & State <b>Houston, Tx</b>		City & State <b>Houston, Tx</b>			
Zip <b>77057</b>	Country <b>USA</b>	Zip <b>77057</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL BOY INC 45 W PROSPECT., #1500 GUILDHALL CLEVELAND, OH 44115 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
<b>SIGNATURE: <i>By Jimmy Burrell, CEO</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4-30-07</b></span> <span><b>713 782-9100</b></span> </div> <small>Date Daytime Phone #</small>		