2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCL	IMENT	`# M0	1000	002864

Entity Name

SOME BEACH, L.L.C.

Principal Place of Business

1170 GULF BLVD UNIT 302

CLEARWATER, FL 33767

SIGNATURE:

Mailing Address

1301 S BOWEN ROAD SUITE 425

ARLINGTON, TX 76013



03132004 No Chg-LLC

CR2E083 (10/03)

Fee Required

4. FEI Number		Applied For
75-2969851	[Not Applicable
5. Certificate of Status Desired	□ \$5.0	O Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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gildo en	adons of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE	
1	Fiting Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARSONS, THOMAS W S 2 VALLEYWOOD COURT MANSFIELD, TX 76063	. <u>-</u>	 U00000100979	
TITLE NAME STREET ADDRES CITY-ST-ZIP	MGRM PARSONS, JEAN S 2 VALLEYWOOD COURT MANSFIELD, TX 76063		04/01/04-80029-019 50.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Company of the Compan	¥
11. I hereby indicate limited	y certify that the information supplied with this filing does not or ad on this report is true and accurate and that my signature sha liability company or the receiver or trusted empowered to execu	ualify for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oat ute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information it that I am a managing member or manager of the Statutes.	

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

3. 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