

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000002864

1. Entity Name  
SOME BEACH, L.L.C.



Principal Place of Business

1170 GULF BLVD  
UNIT 302  
CLEARWATER, FL 33767

Mailing Address

1301 S BOWEN ROAD  
SUITE 425  
ARLINGTON, TX 76013

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number  
75-2969851

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

000000499646  
04/24/06-80039-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARSONS, THOMAS W
STREET ADDRESS	2815 KATHERINE CT
CITY-STATE-ZIP	ARLINGTON, TX 76016
TITLE	MGRM
NAME	PARSONS, JEAN
STREET ADDRESS	2815 KATHERINE CT
CITY-STATE-ZIP	ARLINGTON, TX 76016
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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:

*Jean Parsons* Jean Parsons

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

4-4-06

Date

817-313-0861

Daytime Phone #