


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001822 1. Entity Name BEACH LANE 5, LLC	
---	---

Principal Place of Business 8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461	Mailing Address PO BOX 611575 ROSEMARY BEACH, FL 32461
---	--

DO NOT WRITE IN THIS SPACE



04012005No Chg-LLC

CF2E083 (10/03)

4. FEI Number 65-1175570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 E. CTY. HWY 30-A, SUITE 105 SEAGROVE BEACH, FL 32459

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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZEITLIN, BRAD 8 GEORGETOWN AVE STE A ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000284543 04/02/05-80009-011 50.00
DO NOT WRITE IN THIS SPACE

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #