


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000003663 1. Entity Name SOUTH BEACH PARTNERS, LLC	
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Principal Place of Business 5400 RIVERSIDE DRIVE, SUITE 203 MACON, GA 31210	Mailing Address 5400 RIVERSIDE DRIVE, SUITE 203 MACON, GA 31210
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DO NOT WRITE IN THIS SPACE

06022005No Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0840613

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

SMITH, W. DOUGLAS
AMERICA'S CHOICE TITLE COMPANY
4200 MARSH LANDING BOULEVARD, SUITE 201
JACKSONVILLE BEACH, FL 32250

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

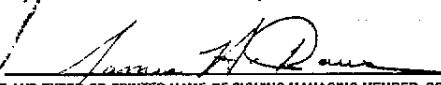
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAWS, JAMES H 5400 RIVERSIDE DRIVE, SUITE 203 MACON, GA 31210
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07/18/05-80016-012 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)(i), 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:  **7/13/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #