

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003663

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOUTH BEACH PARTNERS, LLC

Current Principal Place of Business:

5400 RIVERSIDE DRIVE, SUITE 203
MACON, GA 31210

New Principal Place of Business:

Current Mailing Address:

5400 RIVERSIDE DRIVE, SUITE 203
MACON, GA 31210

New Mailing Address:

FEI Number: 55-0840613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, THOMAS J JR
REZNICSEK FRASER & HASTINGS, PA
240 PONTE VEDRA PARK DRIVE SUITE 150
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

FRASER, THOMAS J JR
REZNICSEK FRASER & HASTINGS, PA
4230 PABLO PROFESSIONAL COURT, SUITE 200
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: THOMAS J. FRASER, JR.

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: DAWS, JAMES H
Address: 5400 RIVERSIDE DRIVE, SUITE 203
City-St-Zip: MACON, GA 31210

Title: EVP () Delete
Name: WYNN, RUSSELL A
Address: 5400 RIVERSIDE DRIVE SUITE 203
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL A. WYNN

EVP

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date