

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004940

Entity Name: PEACH BEACH, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

2223 BROOKSTONE CENTRE PARKWAY
SUITE B
COLUMBUS, GA 31904

New Principal Place of Business:

Current Mailing Address:

2223 BROOKSTONE CENTRE PARKWAY
SUITE B
COLUMBUS, GA 31904

New Mailing Address:

FEI Number: 01-0736340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, GREG B
15300 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAUL, V. KEITH
Address: 2223 BROOKSTONE CENTRE PARKWAY, SUITE B
City-St-Zip: COLUMBUS, GA 31904

Title: MGRM () Delete
Name: PAUL, GREG B
Address: 2223 BROOKSTONE CENTRE PARKWAY, SUITE B
City-St-Zip: COLUMBUS, GA 31904

Title: MGRM () Delete
Name: BELL, BILL S
Address: 2223 BROOKSTONE CENTRE PARKWAY, SUITE B
City-St-Zip: COLUMBUS, GA 31904

ADDITIONS/CHANGES:

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

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: GREG B. PAUL

MGRM

03/26/2009

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