## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000005474

29711 HIGH ESCHELON

FAIR OAKS RANCH, TX 78006

Address:

City-St-Zip:

Entity Name: 5-4 THE BEACH LLC

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 423 NORTH WISHINGTON 423 NORTH WASHINGTON EL DORADO, AR 71730 EL DORADO, AR 71730 **Current Mailing Address: New Mailing Address:** 423 NORTH WISHINGTON 423 NORTH WASHINGTON EL DORADO, AR 71730 EL DORADO, AR 71730 FEI Number: 26-0645065 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ALLEN, CAROLYN Name: Name: 1170 BIG BEN CROSSING Address: Address: City-St-Zip: VALLEY PARK, MO 63088 City-St-Zip: Title: MGRM Title: MGRM ( ) Delete (X) Change ( ) Addition HICKEY, PAUL Name: HICKEY, PAUL Name: Address: 1812 PICKURING LANE Address: 1812 PICKERING LANE City-St-Zip: LITTLE ROCK, AR 72212 City-St-Zip: LITTLE ROCK, AR 72212 Title: MGRM () Delete Title: () Change () Addition SWITZER, SANDRA H Name: Name: Address: 1314 WESTBROOKE MEADOWS LANE Address: City-St-Zip: BALWIN, MO 63021 City-St-Zip: (X) Change ( ) Addition Title: MGRM ( ) Delete Title: MGRM Name: HICKEY, JOSEPH Name: HICKEY, JOSEPH Address: 432 N WASHINGTON Address: 423 N WASHINGTON City-St-Zip: EL DORADO, AR 71730 City-St-Zip: EL DORADO, AR 71730 Title: MGRM () Delete Title: () Change () Addition THORNALLY, ROSEMARY H Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH HICKEY MGRM 01/15/2009