


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M99000001897

1. Entity Name  
BEACHWALK CENTRE II, LLC



Principal Place of Business  
755 AVIGNON DR  
BLDG 18  
RIDGELAND, MS 39157

Mailing Address  
P.O. BOX 1260  
RIDGELAND, MS 39158

**DO NOT WRITE IN THIS SPACE**



06302005No Chg-LLC      CR2E083 (10/03)

4. FEI Number  
64-0919963      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

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

1100000373250  
07/18/05-80006-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRESS, GARY B 755 AVIGNON DR., #18 RIDGELAND, MS 39157
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	

**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:  6/30/05      606-437-9996

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