


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000006791					
1. Entity Name BEACH BROKERS REALTY LLC					
Principal Place of Business 287 SUNNY ISLES BLVD. SUNNY ISLES BEACH FL 33160 US			Mailing Address 287 SUNNY ISLES BLVD. SUNNY ISLES BEACH FL 33160 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 45-0502633	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIDER, JAMES 287 SUNNY ISLES BLVD. SUNNY ISLES BEACH FL 33160			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <u>James Leider</u>				DATE <u>01/20/07</u>	
<small>Signature, must be printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
			FILE NOW!!! FEE IS \$50.00		
			Make Check Payable to Florida Department of State		
			Due By May 1, 2007		
			000000620860 02/09/07-80054-008 50.00		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIDER, JAMES			NAME	
STREET ADDRESS	287 SUNNY ISLES BLVD.			STREET ADDRESS	
CITY ST ZIP	SUNNY ISLES BEACH FL 33160			CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY ST ZIP				CITY ST ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>James Leider</u>				DATE: <u>01/20/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone # <u>305-9565656 x 2</u></small>	



1st MOORE CR2E083 (10/06)