

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000043747

1. Entity Name
SOUTH BEACH PLACE, LLC



FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 18 AM 9:07

Principal Place of Business 301 OCEAN DR, STE 504 MIAMI BEACH FL 33139	Mailing Address 301 OCEAN DR, STE 504 MIAMI BEACH FL 33139
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2. Principal Place of Business 1705 OCEAN DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, FL.	City & State
Zip 32963	Country U.S.A

4. FEI Number EIN# 20-0381988	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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6. Name and Address of Current Registered Agent

**SANTAMARINA, NELI
301 OCEAN DR, STE 504
MIAMI BEACH FL 33139**

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: *Neli Santamarina* **NELI A. SANTAMARINA** DATE: **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM SANTAMARINA, NELI A	
NAME	301 OCEAN DR, STE 504	
STREET ADDRESS	MIAMI BEACH FL 33139	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	MEMBER - MGRM		
NAME	ESTHER PERCAL	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	6361 PINE TREE LANE		
CITY-ST-ZIP	MIAMI BEACH, FL. 33141		
TITLE	MEMBER - MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARIA CALERO		
STREET ADDRESS	PASEO DE LAS RAMBLAS, #14		
CITY-ST-ZIP	PASEO DEL PARQUE SAN JUAN, PUERTO RICO 00926		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

no 5/18/04

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: *Neli Santamarina* **NELI A. SANTAMARINA, Managing Member** DATE: **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE