

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045760

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: BEACHFRONT OWNERS, LLC.

## Current Principal Place of Business:

3600 S. STATE ROAD 7  
SUITE 14  
MIRAMAR, FL 33023 US

## New Principal Place of Business:

450 N. PARK ROAD  
SUITE 502  
HOLLYWOOD, FL 33021 US

## Current Mailing Address:

3600 S. STATE ROAD 7  
SUITE 14  
MIRAMAR, FL 33023 US

## New Mailing Address:

450 N. PARK ROAD  
SUITE 502  
HOLLYWOOD, FL 33021 US

FEI Number: 20-1259356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EXCLUSIVELY R.E.O. INC.  
450 N. PARK ROAD #502  
HOLLYWOOD, FL 33021 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/MEMBERS:

Title: MGR ( ) Delete  
Name: JOBSON, BRIGETTE  
Address: 6340 SW 33RD STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: MGR ( ) Delete  
Name: TAYLOR, AVIS  
Address: 16882 SW 50TH STREET  
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGR ( ) Delete  
Name: TAYLOR, CLINTON  
Address: 16882 SW 50TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: MAGEE, ANGELA  
Address: 955 NW 100TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGR ( ) Delete  
Name: MAGEE, VAN  
Address: 955 NW 100TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGR ( ) Delete  
Name: MCLUNE, LOUISE  
Address: 16882 SW 50TH STREET  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JOBSON, BRIGETTE  
Address: 450 N. PARK ROAD, #502  
City-St-Zip: HOLLYWOOD, FL 33021

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

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

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 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 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: BRIGETTE JOBSON

MGR

04/29/2005

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