


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 003 ****50.00

DOCUMENT # L05000003519

1. Entity Name
 100 N. BEACH L.L.C.



Principal Place of Business
 18206 COLLINS AVE.
 SUNNY ISLES, FL 33160

Mailing Address
 18206 COLLINS AVE.
 SUNNY ISLES, FL 33160

2. Principal Place of Business - No P.O. Box #
 9577 HARDING AVE

3. Mailing Address
 9577 HARDING AVE

Suite, Apt. #, etc.

City & State
 SURFSIDE FL

City & State
 SURFSIDE FL 33154

Zip
 33154

Country



02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-2328600

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GLEIZER, HERNAN
 18206 COLLINS AVE
 SUNNY ISLES, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEIZER, HERNAN 18206 COLLINS AVE. SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEIZER, HERNAN 9577 HARDING AVE SURFSIDE FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ *[Signature]* **Feb-15-07 305-865-0977**

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