## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## 02-07-2007 90111 012 \*\*\*\*50.00 DOCUMENT #L05000036103 1. Entity Name SOUTH BEACH ESTATES REALTY LLC Mailing Address 60013689 Principal Place of Business 8370 W. FLAGLER STREET, #125 8370 W. FLAGLER STREET, #125 MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 13-4297795 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELIAS, DAVID Street Address (P.O. Box Number is Not Acceptable) 8370 W. FLAGLER STREET, #125 MIAMI, FL 33144 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGRM TITLE ■ Addition □ Change SOUTH BEACH ESTATES INC. (DAVID ELIAS) NAME NAME STREET ADDRESS 8370 W. FLAGLER STREET, #125 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition BRUNI, MARK NAME NAME 3054 DAY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information pat my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the appropriate by Chapter 608, Florida Statutes. 11. I hereby certify that the information s polied indicated on this report is true all limited liability company or the re and

TITLE

NAME STREET ADDRESS

FITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

TITLE

TITLE

NAME STREET ADDRESS

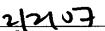
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete



FILED Feb 07, 2007 8:00 am

Secretary of State

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition