2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 07, 2006 8:00 am Secretary of State DOCUMENT #L05000068801 07-07-2006 90064 030 ****50.00 1071 BEECHWOOD BLVD., L.L.C. Principal Place of Business Mailing Address 4v -142 COMMODORE DRIVE 142 COMMODORE DRIVE JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVERMAN, THOMAS N 142 COMMODORE DRIVE Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33477 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Change ☐ Addition SILVERMAN, THOMAS N NAME NAME STREET ADDRESS 142 COMMODORE DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

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

Daytime Phone #

FILED

ATTACHMENT 2004782(



FLORIDA DEPARTMENT OF STATE
Secretary of State
Sue M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
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- Enter address to mail report to, if different from preprinted address.
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Document # L05000068

1071 BEECHWOOD BLVD., L.L.C. 142 COMMODORE DRIVE JUPITER FL 33477-4004

Note: This is not a change to the address of record.



2006 CR2E095 - 2nd 4/06

TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART.