

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90114 027 \*\*\*138.75

<b>DOCUMENT # L05000079629</b>	
1. Entity Name <b>BEECH MOUNTAIN ESTATES, LLC</b>	

Principal Place of Business <b>10 N.W. 42ND AVE., SUITE 700 MIAMI, FL 33126</b>	Mailing Address <b>10 N.W. 42ND AVE., SUITE 700 MIAMI, FL 33126</b>
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**60023598**

2. Principal Place of Business, No P.O. Box # <b>3530 SW 22ND ST.</b>	3. Mailing Address <b>3530 SW 22ND ST.</b>
Suite, Apt. #, etc. <b>SUITE 916</b>	Suite, Apt. #, etc. <b>SUITE 916</b>
City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33145</b> Country <b>USA</b>	Zip <b>33145</b> Country <b>USA</b>



03242008	Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>84-1688722</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>OCHOA, LEOPOLDO A 815 PONCE DE LEON BLVD STE 200 MIAMI, FL 33134</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, MIGUEL A 10 N.W. 42ND AVE., SUITE 700 MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, MIGUEL A. 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OCHOA, LEOPOLDO A 815 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **04-09-08 (305) 8671577**

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