

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000114299

1. Entity Name
587 NORTH BEACH STREET INVESTORS, LLC



Principal Place of Business
1618 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

Mailing Address
1618 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

2. Principal Place of Business - No P.O. Box #
1185 W. Granada Blvd.
Suite, Apt. #, etc.
Suite 12

3. Mailing Address
P.O. Box 730086
Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32174

Country
US

Zip
32173

Country
US

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, DAVID L
1618 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name
Paul F. Holub, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1185 W. Granada Blvd., Suite 12
City
Ormond Beach, FL Zip Code
32174

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 reg.

Signature required when reinstating

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUTLER, DAVID L
1618 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUTLER, CYNTHIA F
1618 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Paul F. Holub, Jr.
1185 W. Granada Blvd., Suite 12
Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
01/29/07--01045--001 **25.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300091010793
03/05/07--01022--020 **25.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/4/06 3866777617

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

