

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90182 012 ***138.75

DOCUMENT # L06000114299 1. Entity Name 587 NORTH BEACH STREET INVESTORS, LLC	
---	---

Principal Place of Business 1185 W. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32174	Mailing Address P.O. BOX 730086 ORMOND BEACH, FL 32173
--	--

00044433

2. Principal Place of Business - No P.O. Box # 1293 NUS Hwy 1 Suite, Apt. #, etc. Ste 3	3. Mailing Address 1293 NUS Hwy 1 Suite, Apt. #, etc. Ste 3
--	--

City & State Ormond Beach, FL	City & State Ormond Beach FL
Zip 32174	Country USA

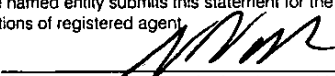


04032008 Chg-LLC -- CR2E083 (12/06) --

6. Name and Address of Current Registered Agent HOLUB, PAUL F JR. 1185 W. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32174	
---	--

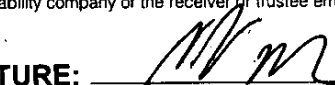
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

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

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 	John Scott Vanacore 4/3/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLUB, PAUL F JR. 1185 W. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM John Scott Vanacore 1293 NUS Hwy 1 Ste 3 Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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: 	John Scott Vanacore 4/3/08 386-672-8285