2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000127738

FILED Mar 13, 2008 8:00 am Secretary of State 02-14-2008 90074 031 ***138.75

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1. Entity Nam BEACHS	IDE 325, LLC					
		Mailing Address		7	10002049	
200 FRONT STREET		PO BOX 344			000000	
KEY WEST, FL 33040 KEY WEST, FL 330		KEY WEST, FL 33041				
				-		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112008 Chg-LLC	CR2E083 (12/06)	
City & State -		City & State		4. FEI Number	Applied For	
Ζ'nρ	Country	Zip	Country	\$ Certificate of Status Desired	S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New R		
			Name	Name		
KLITENICK, RICHARD M ESQ. 1009 SIMONTON STREET KEY WEST, FL 33040			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	.,. =					
			City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Fixtua Department of State						
. 9,	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/	CHANGES	
TITLE	MGR	☐ Deteta	TITLE	700110107	☐ Change ☐ Addition	
NAME	BEHMKE, KAY		HAME			
STREET ADDRESS CITY-ST-ZIP	200 FRONT STREET KEY WEST, FL 33040		STREET ADDRESS CHY-SI-ZIP		,	
TITLE		☐ Defete	TITLE		☐ Change ☐ Addition	
NAME CONTRACTOR			NAME.			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip			
TITLE		☐ Dalete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME Street address		•	
CITY-ST-ZIP			CITY-51-ZIP		•	
шт.		☐ Delete	nnı	· — + +·	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		•	
CITY-ST-ZP			CITY-ST-ZIP		`	
TITLE		Delete	TITLE		☐ Change ☐ Addition*	
NAME STREET ADDRESS			HAME STREET ADDRESS		'n	
CITY-ST-ZIP			CITY-ST-ZIP		. 1	
TITLE		☐ Deletz	mt		Change Addition	
HAME STREET ADDRESS			NAME STREET ADORESS		. ,	
CITY-ST-ZIP			CITY-SI-ZIP			
11. Thereby 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 onth; 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: Tay Da Per 2-11-08 305-360-1885						