

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90039 007 ****50.00

DOCUMENT # M03000000647 1. Entity Name 300 BEACH DRIVE, L.L.C.				
Principal Place of Business 4200 WEST CYPRESS STREET STE. 444 TAMPA, FL 33607		Mailing Address 4200 WEST CYPRESS STREET STE. 444 TAMPA, FL 33607		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 72-1548738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name _____ 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 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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAUENHORST, JOSEPH J			NAME			
STREET ADDRESS	1300 SAWGRASS CORPORATION PARKWAY, #144			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAUENHORST, JOSEPH J			NAME			
STREET ADDRESS	1300 SAWGRASS CORPORATION PARKWAY, #144			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENFIELD, BARRY W			NAME			
STREET ADDRESS	4200 WEST CYPRESS STREET STE. 444			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENFIELD, BARRY W			NAME			
STREET ADDRESS	4200 WEST CYPRESS STREET STE. 444			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, JERRY			NAME			
STREET ADDRESS	4200 WEST CYPRESS STREET STE. 444			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33607			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barry Greenfield* 4/23/04 (813) 877-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #