


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # M03000000647<br>1. Entity Name<br>300 BEACH DRIVE, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>4200 WEST CYPRESS STREET STE. 444<br>TAMPA, FL 33607 | Mailing Address<br>4200 WEST CYPRESS STREET STE. 444<br>TAMPA, FL 33607 |
|---|---|

DO NOT WRITE IN THIS SPACE



02182005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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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, 2005**

000000249321  
 03/02/05-80066-008 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>RAUENHORST, JOSEPH J<br>1300 SAWGRASS CORPORATION PARKWAY, #144<br>SUNRISE, FL 33323 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>RAUENHORST, JOSEPH J<br>1300 SAWGRASS CORPORATION PARKWAY, #144<br>SUNRISE, FL 33323   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>GREENFIELD, BARRY W<br>4200 WEST CYPRESS STREET STE. 444<br>TAMPA, FL 33607          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VT<br>GREENFIELD, BARRY W<br>4200 WEST CYPRESS STREET STE. 444<br>TAMPA, FL 33607           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>SHAW, JERRY<br>4200 WEST CYPRESS STREET STE. 444<br>TAMPA, FL 33607                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 2/18/05 Daytime Phone #: 813-877-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE