2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 05, 2007 8:00 am Secretary of State

04-05-2007 90028 013 ****50.00

60032588



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 72-1548738 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	 named entity submits this statement for the purpose of cha ions of registered agent. 	nging its registered office or registered agent, or both, in the t	State of Florida. I am familiar with, and	accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	_
	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	DP			
NAME	RAUENHORST, JOSEPH J			
STREET ADDRESS	225 NE MIZNER BLVD 675			
CITY-ST-ZIP	BOCA RATON, FL 33432			
TITLE	DVT			
NAME	GREENFIELD, BARRY W	1		

4200 WEST CYPRESS STREET STE. 444 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 TITLE SHAW, JERRY NAME STREET ADDRESS 4200 WEST CYPRESS STREET STE. 444 CITY-ST-ZIP TAMPA, FL 33607 TITLE NAME ZOROMSKY, HOWARD STREET ADDRESS 4200 W CYPRESS ST STE 444 CITY-ST-ZIP TAMPA, FL 33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE

03/2007

817 4444 Davime Phone #