2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400003284 1. Entity Name BEACH HOTEL ASSOCIATES LLC

FILED Feb 26, 2007 08:00 Al Secretary of State



Principal Place of Business 475 10TH AVENUE NEW YORK, NY 10018

Mailing Address

475 10TH AVENUE NEW YORK, NY 10018

DO NOT WRITE IN THIS SPACE 1	
DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1487269	11/05)
20-1487269	
	Applied For Not Applicable
	Additional equired
6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 DO NOT WRITE IN THIS SPACE	
8. The above named entity submitted his state than the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed by the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familia the obligations of registered agent. David More Confidence of the State of Fiorida. I am familia the obligations of registered agent, or both, in the State of Fiorida. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed by the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familia the obligations of registered agent. David More Confidence or registered agent. David More Confidence or registered agent.	r with, and accept
Filing Fee is \$59.00 Due by May 1, 2007	
9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME MORGANS GROUP LLC STREET ADDRESS 475 10TH AVENUE CITY-ST-ZIP NEW YORK, NY 10018	• •
TITLE 100000649294 03/07/07-80043-013 STREET ADDRESS	55.00.
CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	`,
IN THIS SPACE STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	
CITY-ST-ZIP TITLE NAME	٠,
STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify the indicated on this report is true and accurate and that my signifier shall have the same legal effect as if made under oath; that I am a managing member o	at the information

limited liability company or the reor trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE