Apr. 15. 2005 4:45PM

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90024 045 ****50.00

DOCUMENT # M04000003353

1. Entity Name
AG BEAUMONT 26, LLC

20056406

04152005 Chg-LLC CR2E055 (10/03)

Principal Place of Business	Mailing Address
C/O HIRSCHLER FLEISCHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	C/O HIRSCHLER FLEISCHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219

2. Principal Place of Business	3. Mailing Address
1400 N.W. 107 Avenue	1400 N.W. 107 Avenue
Suite, Apt. #, etc.: 4th Floor	Suite, Apt. #, etc.: 4th Floor
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: Not Applicable ☐ 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

7. Name and Address of New Registered Agent

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COVINGTON FAMILY TRUST 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COVINGTON FAMILY TRUST 3535 East Coast Highway #101 Corona Del Mar, CA 92625 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Darlene Covington 4/18/05 949-723-0406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Darlene Covington, Trustee