2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State
03-03-2006 90007 042 ****50.00

DOCUMENT # L05000054123

1. Entity Name

RESIDENCES WEST BEACH, LLC

30005689

Principal Place of Business	Mailing Address
C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 2 CORAL GABLES FL 33134	C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 2 CORAL GABLES FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number N/A ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCURTIS, CONSTANTINE C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., STE 202 CORAL GABLES FL 33134	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Constantine Scurtis 3211 Ponce De Leon Blvd. #202 Coral Gables, FL 33134 ☐ 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
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 exemptions contained in Section 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: Constantine Scurtis 01/25/06 (305) 446-0010

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

ATTACHMENT
30005689

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

RESIDENCES WEST BEACH, LLC
C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134

Subject: **RESIDENCES WEST BEACH, LLC**

Reference Number: **L05000054123**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION