## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000023798

Entity Name: K M BEACH LLC.

Title:

Name:

Address:

City-St-Zip:

MGRM

BELLICHA, LAURE

770 NE 123 STREET

NORTH MIAMI, FL 33161

( ) Delete

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 770 NE 123 STREET NORTH MIAMI, FL 33161 **Current Mailing Address: New Mailing Address:** 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOYAL, PATRICK 208 N ÚNIVERSITY DRIVE PEMBROKE PINES, FL 33024 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete BELLICHA, KATTY Name: Name: 770 NE 123 STREET Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BELLICHA, MICHEL MR. Name: Address: 770 NE 123 STREET Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BELLICHA, MICKAEL Name: Name: Address: 770 NE 123 STREET Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: BELLICHA, MARC Name: Address: 770 NE 123 STREET Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: KATTY BELLICHA MGR 04/28/2006