


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000114299

1. Entity Name
587 NORTH BEACH STREET INVESTORS, LLC



Principal Place of Business 1618 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	Mailing Address 1618 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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2. Principal Place of Business - No P.O. Box # 1185 W. Granada Blvd. Suite, Apt. #, etc. Suite 12	3. Mailing Address P.O. Box 730086 Suite, Apt. #, etc.
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City & State Ormond Beach, FL	City & State Ormond Beach, FL
Zip 32174	Country US
Zip 32173	Country US

2007 MAR -1 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BUTLER, DAVID L
1618 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name
Paul F. Holub, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1185 W. Granada Blvd., Suite 12
City
Ormond Beach, FL 32174

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 *Paul F. Holub, Jr.* DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME BUTLER, DAVID L
STREET ADDRESS 1618 JOHN ANDERSON DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32176
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME BUTLER, CYNTHIA F
STREET ADDRESS 1618 JOHN ANDERSON DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32176
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

10. ADDITIONS/CHANGES	
TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Paul F. Holub, Jr.
STREET ADDRESS 1185 W. Granada Blvd., Suite 12	CITY-ST-ZIP Ormond Beach, FL 32174
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

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: *Paul F. Holub, Jr.* Date 12/4/06 3866777617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE