


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90182 012 ***138.75

DOCUMENT # L06000114299

1. Entity Name
 587 NORTH BEACH STREET INVESTORS, LLC



Principal Place of Business
 1185 W. GRANADA BLVD., SUITE 12
 ORMOND BEACH, FL 32174

Mailing Address
 P.O. BOX 730086
 ORMOND BEACH, FL 32173

00044433

2. Principal Place of Business - No P.O. Box #
 1293 NUS Hwy 1
 Suite, Apt. #, etc.
 Ste 3

3. Mailing Address
 1293 NUS Hwy 1
 Suite, Apt. #, etc.
 Ste 3



04032008 Chg-LLC --CR2E083 (12/06) --

City & State
 Ormond Beach, FL

City & State
 Ormond Beach FL

Zip Country
 32174 USA

Zip Country
 32174 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

HOLUB, PAUL F JR.
 1185 W. GRANADA BLVD., SUITE 12
 ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
 John Scott Vanacore

Street Address (P.O. Box Number is Not Acceptable)
 1293 NUS Hwy 1 Ste 3

City Ormond Beach FL Zip Code 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 *[Signature]* John Scott Vanacore DATE 4/3/08

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLUB, PAUL F JR. 1185 W. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Scott Vanacore 1293 NUS Hwy 1 Ste 3 Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* John Scott Vanacore DATE 4/3/08 DAYTIME PHONE # 386-672-8285

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