2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2008 8:00 am

_		AMITOAL	1721 0171			S	ecreta	irv o	t Sta	te	
DOCUMENT # L06000114299 1. Entity Name 587 NORTH BEACH STREET INVESTORS, LLC						Secretary of State 04-11-2008 90182 012 ***138.75					
Principal Place of Business 1185 W. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32174 P.O. BOX 730086 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 3			173		1 P0611E/1 E/1 E	· Birg Shill Gold Gold - G	**** *** *** ****	U4443	J		
	•	ace of Business - No P.O. Box #	3. Mailing Address	su l							
	Suite, Apt.		Suite, Apt. #, etc.		. 04	4032008	Chg-LLC	~· -CR2E(083 (12/06)		
	Oknon		City & State	ach F	4.	FEI Number	PLICABLE		<u> </u>	plied For t Applicable	
L	3217	4 VSA	3 ² 2174	Country			of Status Desired	·	\$5.00 Add Fee Required		
-		6. Name and Address of Current R	legistered Agent	Name	7.	Name and	Address of New	Registered	Agent		
HOLUB, PAUL F JR.					Street Address (P.O. Box Number is Not Acceptable)						
1185 W. GRANADA BLVD., SUITE 12 ORMOND BEACH, FL 32174				1293 D US Huy 1 Ste 3							
				City	10 00 00 0	1 Q _	200	FL	Zip Code	เ็กป	
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										(, _/	
	CICMATURE	ons of registered agent	2	John Sc	V +ta	lanac	ar a	4/3/	28		
Ļ		Signature, typed or pfinted name of registered agent an	nd title il applicable. (NOTE: R	legistered Agent signat	ure required when	reinstating)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	DATE .			
		NOW!!! FEE IS \$138.75						ke check i	payable to rent of State		
After May 1, 2008 Fee will be \$538.75			T								
┝	9.	MANAGING MEMBER		10.	HCEN	1	ADDITION	S/CHANGES	Change	Addition	
l	TITLE NAME	MGRM HOLUB, PAULD F JR.	Delete	TITLE NAME	John 5	ノチャッ	procué		Change	C3 Addition	
	STREET ADDRESS	1185 W. GRANADA BLVD., SUITI	E 12	STREET ADDRESS			twill St		الحجدد		
ŀ	CITY-\$T-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	OLMA	nd be	sach t	-c 2	Change	Addition	
	TITLE NAME	•	☐ Delete	NAMÉ					; .		
	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
ŀ	TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
	NAME STREET ADDRESS			NAME STREET ADDRESS							
	CITY-ST-ZIP			CITY-ST-ZIP							
Γ	TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
l	NAME STREET ADDRESS			STREET ADDRESS							
L	CITY-ST-ZIP			CITY-ST-ZIP							
	TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
	STREET ADDRESS			STREET ADDRESS							
-	CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP						- Lands	
	TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
	STREET ADDRESS			STREET ADDRESS							

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP