

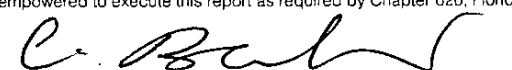


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:56

DOCUMENT # A93000000842				STATE DIVISION OF CORPORATIONS 06 APR 24 AM 10:56	
1. Entity Name BEACH HOLDINGS, LTD.					
Principal Place of Business MIAMI HEART 4701 N. MERIDIAN AVE. #4210 MIAMI BEACH, FL 33140			Mailing Address MIAMI HEART 4701 N. MERIDIAN AVE. #4210 MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 65-0430047	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHEEMA, BALWANT P.A. 4160 WEST 16TH AVENUE., #309 HIALEAH, FL 33012			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L05000080707		STREET ADDRESS		
NAME	BEACH HOLDINGS G.P., L.L.C.		CITY- ST- ZIP		
STREET ADDRESS	4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH				
CITY- ST- ZIP	HOLLYWOOD, FL 33021				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP	700074753647	
STREET ADDRESS				05/17/06--01012--018 **500.00	
CITY- ST- ZIP					
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NAME			CITY- ST- ZIP		
STREET ADDRESS					
CITY- ST- ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/17/06.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		