

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90281 011 ****50.00

DOCUMENT # L0000005782



1. Entity Name

SOUTH BEACH RESORT DEVELOPMENT LLC

Principal Place of Business

~~1458 OCEAN DRIVE~~
 MIAMI BEACH FL 33139

Mailing Address

~~1458 OCEAN DRIVE~~
 MIAMI BEACH FL 33139

24014245



MOORE CR2E083 (11/03)

2. Principal Place of Business

1501 COLLINS AVE.

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI BEACH FL

Zip 33139

Country

USA

3. Mailing Address

1501 COLLINS AVE.

Suite, Apt. #, etc.

SUITE 206

City & State

MIAMI BEACH FL

Zip 33139

Country

USA

4. FEI Number

65-1012162

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLKO, RONALD S
~~1458 OCEAN DRIVE~~
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1501 COLLINS AVE.

SUITE 206

City MIAMI BEACH

FL

Zip Code 33139

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM Delete
 NAME SOUTH BEACH RESORT MANAGEMENT, INC.
 STREET ADDRESS ~~1458 OCEAN DR.~~
 CITY-ST-ZIP MIAMI BEACH FL 33139

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS 1501 COLLINS AVE. STE 206
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] RONALD S. MOLKO 2/13/04 305-672-4554
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #