2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHO

DOCUMENT # L0000005782  1. Entity Name  SOUTH BEACH RESORT DEVELOPMENT LLC						Apr 06, 2005 08:00 AM Secretary of State				
Principal Place of Business			Mailing Address			<del></del>	), /			
1501 GOLLINS AVE.			1501 COLLINS AVE.			· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- \ \ \ '.'			
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2. Principal Place of Business			3. Mailing Address			\^(\s)				
								LUM 1000 1441 L		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE	CR2E083	(10/04)	
City & State			City & State			4. FEI Nun	nher		IAn	plied For
			on, a omio			65-1012162	?		t Applicable	
<i>Z</i> īp	Zip Country		Zip Cau		ntry	5. Certificate			5.00 Add	
	0 11	(A) (B)			г				ee Require	d - <u>-</u> .
	6. Name and Address of	Current Reg	istered Agent	· ·	Name	7. Name a	nd Address of New R	egistered A	gent	<u></u>
MOLKO, RONALD S										
150	1 CÓLLINS AVE. STE			Street Address (P.O. Box Number is Not Acceptable)						
MIA	MI BEACH FL 33139							•	<del></del>	<del></del> · .
					City				Zip Code	
	·				'			FL	1	
	named entity submits this stations of registered agent.	tement for the	e purpose of changing it	s register	ed office or regis	stered agent, or '	both, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of regr	stered agent and to	tle if applicable /NO	TF Hegister	od Agent signature requ	urad when remstating!	··	DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>
				<del></del>	FEE IS \$50.0	A Control of the Cont	1			<del></del>
Make Check Payable										
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9. MANAGING MEMBERS/MANAGERS				10.			ADDITIÓNS/	CHANGES		<del></del>
TITLE	MGRM	☐ Delete	TITL	Ł				☐ Change	Addition	
NAME	SOUTH BEACH RESORT N	NT, INC.	MAM	ne.				_ •		
STREET ADDRESS	1501 COLLINS AVE. STE	206			EET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY	f-SI-ZIP		<del>- Hossess</del>	<del></del>	- —	182
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11. I hereby	certify that the information sup	plied with this	filing does not qualify fo	or the exe	mption stated in	Section 119.07(	3)(i), Florida Statutes. I	further certi	fy that the in	formation
indicated limited lia	on this report is true and acci bility company or the receiver	urate and that or trustee em	t my signature shall have powered to execute this	the sam report a	e legal effect as s required by Ch	if made under of apter 608, Floric	ath; that I am a manag la Statutes	ing member	or manage	r of the

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