

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-08-2002 90080 026 ****55.00

DOCUMENT # L00000008869

1. Entity Name

FTL BEACH, L.L.C. ✓

Principal Place of Business

1500 N. FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33304

Mailing Address

1500 N. FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33304

2. Principal Place of Business

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 916

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Address

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 916

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

MASTRIANA, F. RONALD
1500 N. FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, JOHN 2455 E SUNRISE BLVD STE 916 FORT LAUDERDALE FL 33304	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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

CR2E083 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/02

Attachment #34642

678-530-615

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) FTL Beach, L.L.C.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name John McDonald
	4a Mailing address (street address) (room, apt., or suite no.) 1500 N. Federal Highway, Ste. 200	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Ft. Lauderdale, Florida 33304	5b City, state, and ZIP code
	6 County and state where principal business is located Broward County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ▶ real estate development	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ real estate development	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) July 26, 2000	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	n/a
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ▶ real estate development

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input checked="" type="checkbox"/> Other (specify) ▶
	<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above	Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code)
	954-566-1234
	Fax telephone number (include area code)
954-564-0222	

Name and title (Please type or print clearly.) ▶ John McDonald, Director

Signature ▶ John McDonald Date ▶ 1-17-01

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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Form SS-4 (Rev. 2-98)

Attachment # 34642

L00000008869

Page 2

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Form SS-4 to apply for an employer identification number (EIN). An EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, partnerships, estates, trusts, and other entities for tax filing and reporting purposes. The information you provide on this form will establish your business tax account.

Caution: An EIN is for use in connection with your business activities only. Do NOT use your EIN in place of your social security number (SSN).

Who Must File

You must file this form if you have not been assigned an EIN before and:

- You pay wages to one or more employees including household employees.
- You are required to have an EIN to use on any return, statement, or other document, even if you are not an employer.
- You are a withholding agent required to withhold taxes on income, other than wages, paid to a nonresident alien (individual, corporation, partnership, etc.). A withholding agent may be an agent, broker, fiduciary, manager, tenant, or spouse, and is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons.
- You file Schedule C, Profit or Loss From Business, Schedule C-EZ, Net Profit From Business, or Schedule F, Profit or Loss From Farming, of Form 1040, U.S. Individual Income Tax Return, and have a Keogh plan or are required to file excise, employment, or alcohol, tobacco, or firearms returns.

The following must use EINs even if they do not have any employees:

- State and local agencies who serve as tax reporting agents for public assistance recipients, under Rev. Proc. 80-4, 1980-1 C.B. 581, should obtain a separate EIN for this reporting. See Household employer on page 3.
- Trusts, except the following:
 1. Certain grantor-owned trusts. (See the Instructions for Form 1041.)
 2. Individual Retirement Arrangement (IRA) trusts, unless the trust has to file Form 990-T, Exempt Organization Business Income Tax Return. (See the Instructions for Form 990-T.)
- Estates
- Partnerships
- REMICs (real estate mortgage investment conduits) (See the Instructions for Form 1086, U.S. Real Estate Mortgage Investment Conduit Income Tax Return.)
- Corporations
- Nonprofit organizations (churches, clubs, etc.)
- Farmers' cooperatives
- Plan administrators (A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.)

When To Apply for a New EIN

New Business. If you become the new owner of an existing business, do not use the EIN of the former owner. IF YOU ALREADY HAVE AN EIN, USE THAT NUMBER. If you do not have an EIN, apply for one on this form. If you become the "owner" of a corporation by acquiring its stock, use the corporation's EIN.

Changes in Organization or Ownership. If you already have an EIN, you may need to get a new one if either the organization or ownership of your business changes. If you incorporate a sole proprietorship or form a partnership, you must get a new EIN. However, do not apply for a new EIN if:

- You change only the name of your business.
- You elected on Form 8832, Entity Classification Election, to change the way the entity is taxed, or
- A partnership terminates because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. (See Regulations section 301.6109-1(d)(2)(iii).) The EIN for the terminated partnership should continue to be used. This rule applies to terminations occurring after May 8, 1997. If the termination took place after May 8, 1996, and before May 9, 1997, a new EIN must be obtained for the new partnership unless the partnership and its partners are consistent in using the old EIN.

Note: If you are electing to be an "S corporation," be sure you file Form 2553, Election by a Small Business Corporation.

File Only One Form SS-4. File only one Form SS-4, regardless of the number of businesses operated or ~~tax periods~~ under which a business operates. However, each corporation in an affiliated group must file a separate application.

EIN Applied for, But Not Received. If you do not have an EIN by the time a return is due, write "Applied for" and the date you applied in the space shown for the number. Do not show your social security number (SSN) as an EIN on returns.

If you do not have an EIN by the time a tax deposit is due, send your payment to the Internal Revenue Service Center for your filing area. (See Where To Apply below.) Make your check or money order payable to Internal Revenue Service and show your name (as shown on Form SS-4), address, type of tax, period covered, and date you applied for an EIN. Send an explanation with the deposit.

For more information about EINs, see Pub. 583, Starting a Business and Keeping Records, and Pub. 1635, Understanding your EIN.

How To Apply

You can apply for an EIN either by mail or by telephone. You can get an EIN immediately by calling the Tele-TIN number for the service center for your state, or you can send the completed Form SS-4 directly to the service center to receive your EIN by mail.

Application by Tele-TIN. Under the Tele-TIN program, you can receive your EIN by telephone and use it immediately to file a return or make a payment. To receive an EIN by telephone, complete Form SS-4, then call the Tele-TIN number listed for your state under Where To Apply. The person making the call must be authorized to sign the form. (See Signature on page 4.)

An IRS representative will use the information from the Form SS-4 to establish your account and assign you an EIN. Write the number you are given on the upper right corner of the form and sign and date it.

Mail or fax (facsimile) the signed SS-4 within 24 hours to the Tele-TIN Unit at the service center address for your state. The IRS representative will give you the fax number. The fax numbers are also listed in Pub. 1635.

Taxpayer representatives can receive their client's EIN by telephone if they first send a fax of a completed Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization, to the Tele-TIN unit. The Form 2848 or Form 8821 will be used solely to release the EIN to the representative authorized on the form.

Application by Mail. Complete Form SS-4 at least 4 to 5 weeks before you will need an EIN. Sign and date the application and mail it to the service center address for your state. You will receive your EIN in the mail in approximately 4 weeks.

Where To Apply

The Tele-TIN numbers listed below will involve a long-distance charge to callers outside of the local calling area and can be used only to apply for an EIN. THE NUMBERS MAY CHANGE WITHOUT NOTICE. Call 1-800-829-1040 to verify a number or to ask about the status of an application by mail.

If your principal business, office or agency, or legal residence in the case of an individual, is located in:

Call the Tele-TIN number shown or file with the Internal Revenue Service Center at:

Florida, Georgia, South Carolina

Attn: Entity Control
Atlanta, GA 39901
770-455-2380

New Jersey, New York City and counties of Nassau, Rockland, Suffolk, and Westchester

Attn: Entity Control
Hicksville, NY 00501
516-447-4955

New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Attn: Entity Control
Andover, MA 05501
978-474-9717

Illinois, Iowa, Minnesota, Missouri, Wisconsin

Attn: Entity Control
Stop 8800
2306 E. Barrister Rd.
Kansas City, MO 64609
816-928-5999

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia

Attn: Entity Control
Philadelphia, PA 19255
215-576-6904

Indiana, Kentucky, Michigan, Ohio, West Virginia

Attn: Entity Control
Cincinnati, OH 45999
800-292-5467