


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90150 048 ****50.00

DOCUMENT # L01000002206			
1. Entity Name BEACH GATE, LLC			
Principal Place of Business 2363 NORTH MERIDIAN AVE. MIAMI BEACH, FL 33140		Mailing Address 2363 NORTH MERIDIAN AVE. MIAMI BEACH, FL 33140	
2. Principal Place of Business 960-41 ST STREET		3. Mailing Address	
Suite, Apt. #, etc. # 206		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State	
Zip 33140	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WASSERMAN, MARTIN W ESQ. 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name WASSEYMAN, MARTIN W, ESQ Street Address (P.O. Box Number is Not Acceptable) 960-41 ST STREET # 206 City MIAMI BEACH FL Zip Code 33140	
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 <u>Martin W. Wasserman (MARTIN W. WASSERMAN)</u> DATE <u>02/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIMAALIST, DEBORAH 2363 NORTH AMERICAN AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIMBALIST, DEBORAH MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASSORMAN, MARTIN W 2363 N MERIDIAN AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASSERMAN, MARTIN, W 960-41 ST STREET # 206 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WASSERMAN, SEM, A 2363 N. MERIDIAN AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Deborah Zimbalist Aka (Deborah Zimbalist Mgr)</u>		DATE: <u>02/21/04</u> DAYTIME PHONE: <u>305-531-8382</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	