


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L01000002206</b>					
<b>1. Entity Name</b> BEACH GATE, LLC					
<b>Principal Place of Business</b> 2363 NORTH MERIDIAN AVE. MIAMI BEACH, FL 33140			<b>Mailing Address</b> 2363 NORTH MERIDIAN AVE. MIAMI BEACH, FL 33140		
<b>2. Principal Place of Business</b> 960-41 ST STREET		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. # 206		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI BEACH, FL		<b>City &amp; State</b>			
<b>Zip</b> 33140		<b>Country</b> USA		<b>Zip</b>	
<b>Country</b> USA		<b>Country</b>			
<b>4. FEI Number</b> 65-1076223					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> WASSERMAN, MARTIN W ESQ. 2363 NORTH MERIDIAN AVE MIAMI BEACH, FL 33140					
<b>7. Name and Address of New Registered Agent</b>					
Name <u>WASSERMAN, MARTIN W, ESQ</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>960-41 ST STREET</u>					
<u># 206</u>					
City <u>MIAMI BEACH</u> <b>FL</b> Zip Code <u>33140</u>					
<b>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.</b>					
SIGNATURE <u>Martin W. Wasserman (MARTIN W. WASSERMAN)</u> DATE <u>02/21/04</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM ZIMBALIST, DEBORAH 2363 NORTH AMERICAN AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WASSORMAN, MARTIN W 2363 N MERIDIAN AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WASSERMAN, MARTIN W 960-41 ST STREET # 206 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WASSERMAN, SEM, A 2363 N. MERIDIAN AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WASSERMAN, SEM, A 2363 N. MERIDIAN AVE MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Deborah Zimbalist Aka (Deborah Zimbalist Mgr)</u> <u>02/21/04</u> <u>305-531-8382</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					