
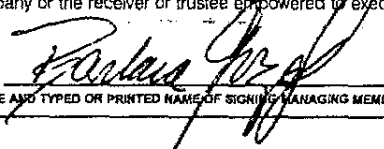


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000004097</b>		
1. Entity Name <b>SOUTH BEACH APARTMENTS, LLC</b>		
Principal Place of Business <b>2111 LUCERNE AVE MIAMI BEACH, FL 33140</b>		Mailing Address <b>P.O. BOX 402971 MIAMI BEACH, FL 33140</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GONZALEZ, PEDRO 2111 LUCERNE AVE MIAMI BEACH, FL 33140</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR	
NAME	GONZALEZ, PEDRO	
STREET ADDRESS	2111 LUCERNE AVE.	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE	MGR	
NAME	GONZALEZ, BARBARA	
STREET ADDRESS	2111 LUCERNE	
CITY - ST - ZIP	MIAMI BEACH, FL 33140	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		<b>1/5/06</b> <b>786-488-1116</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-1087318**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

U00000380249  
01/11/06-80006-006 55.00

**DO NOT WRITE  
IN THIS SPACE**