

03-05-2002 90016 048 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009853

1. Entity Name
BEACH NEWS CENTER, LLC

Principal Place of Business Mailing Address
2700 N. A1A, SUITE #908 **2700 N. A1A, SUITE #908**
FT. PIERCE FL 34949 **FT. PIERCE FL 34949**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1130858** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCHEK, RONALD J
2700 N. A1A, SUITE #908
FT. PIERCE FL 34949

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 registering)

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	Delete
MGR. M.	HULLDA MANCHEK	2700 N A1A SUITE 908	FT PIERCE, FL, 34949	<input type="checkbox"/>
MGR. M.	RONALD MANCHEK	2700 N A1A SUITE 908	FT PIERCE, FL, 34949	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CFR12E083 (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: *Ronald J. Manchek*

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

1/24/02 361-231-6140

Date

Daytime Phone #