



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90130 040 ****55.00

DOCUMENT # L01000010603 1. Entity Name KING BEACH, L.L.C.			
Principal Place of Business 4040 GALT OCEAN DR STE 916 FT LAUDERDALE, FL 33308		Mailing Address 4040 GALT OCEAN DR STE 916 FT LAUDERDALE, FL 33308	
2. Principal Place of Business 3419 GALT OCEAN DR Suite, Apt. #, etc. c/o J.A.J. City & State FT. LAUDERDALE Zip FL 33308		3. Mailing Address 3419 GALT OCEAN DR Suite, Apt. #, etc. c/o J.A.J. City & State FT. LAUDERDALE Zip FL 33308	
			
		01062004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 65-1117443	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ANTONIO 2588 SW 27TH AVE MIAMI, FL 33133		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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	MGR <input type="checkbox"/> Delete	TITLE	mgrm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSEN, JORGE	NAME	LARSEN, JORGEN
STREET ADDRESS	4040 GALT OCEAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	mgrm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, ALICIA	NAME	
STREET ADDRESS	4040 GALT OCEAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 01/06/04 Daytime Phone # 954-4015105	