

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90011 033 \*\*\*\*55.00

20037368



04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1117443** Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

**DOCUMENT # L01000010603**

1. Entity Name  
**KING BEACH, L.L.C.**



Principal Place of Business  
**3419 GALT OCEAN DR  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**3419 GALT OCEAN DR  
STE 916  
FORT LAUDERDALE, FL 33308**

2. Principal Place of Business  
**3419 GALT OCEAN DR.**

3. Mailing Address  
**3419 GALT OCEAN DR.**

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE**

City & State  
**FT. LAUDERDALE**

Zip  
**FL 33308**

Country

6. Name and Address of Current Registered Agent

**GARCIA, ANTONIA  
2588 SW 27TH AVE  
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name  
**GARCIA, ANTONIO**

Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD.**

**SUITE 1050**

City  
**CORAL GABLES**

FL Zip Code  
**33134**

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LARSEN, JORGEN 4040 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3900 GALT OCEAN DR # 2216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LARSEN, ALICIA 4040 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3900 GALT OCEAN DR # 2216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *[Signature]* **04/12/05** **954-4015105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #