## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016682

1. Entity Name BEACH HOUSE, LLC



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

300 NORTH OCEAN BLVD DEERFIEL D BEACH, FL 33441 Mailing Address

300 NORTH OCEAN BLVD. DEERFIELD BEACH, FL 33441



DO NOT WRITE IN THIS SPACE

04102006No Chg-LLC

CR2E083 (11/05)

FEI Number
 04-3684175

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, JOHN J 1601 E LAKE DRIVE FORT LAUDERDALE, FL 33316

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat                       | named entity submits this statement for the purpose of char-<br>tions of registered agent.   | ) liging its registered office or registered agent, or both  | th, in the State of Florida. I am familiar with, and accept |
|--|--|--|---|
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and title if applicable   | (NOTE, Registered Agent signature required when reinstating) | DATE  |
| Fi   | iling Fee is \$50.00<br>ue by May 1, 2006  |  |   |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM BOYLE DEERFIELD LLC 1601 EAST LAKE DRIV FT. LAUDERDALE, FL 33316  |  | ·   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | THE COST OF THE CO |  | 05/11/06-80131-013 50.00                                    |
| TITLE<br>Name<br>Street Address<br>Dity-St-Zip |  | DO   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>DITY-ST-ZIP |  | IN 7   | THIS SPACE  |
| TITLE<br>NAME<br>STREET ADORESS                |  |  | <del>-</del> -  |

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/06

954-5715220

Daytime Phone #