

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90122 004 ****50.00

DOCUMENT # L02000005901

1. Entity Name
SOUTH BEACH HOLDINGS, LLC



29000715



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
1870 CLEVELAND ROAD 1870 CLEVELAND ROAD
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **04-3622337** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEFORREST, DAVID
1870 CLEVELAND ROAD
MIAMI BEACH FL 33141

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME DEFORREST, DAVID
STREET ADDRESS 1870 CLEVELAND ROAD
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM Delete
NAME MENG, ANN E
STREET ADDRESS 800 WEST AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

DAVID DEFORREST
1870 Cleveland Rd.
Miami Beach, FL 33141

1/4/03 305-866-5401

CR2E083 (10/02)