May 22 03 09:23p Kenney Schryver (23

FILED
May 27, 2003 8:00 am
Secretary of State

04-30-2003 90189 049 ****50.00

4/30

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007028

1. Entity Name
BEACH ROAD ENTERPRISES, LLC

44UU24JU

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
15TH AVENUE SOUTH PLES FL 34102	686 15TH AVENUE SOUTH NAPLES FL 34102

2. Principal Place of Business	3. Mailing Address
801 12TH Ave S.	801 12TH Ave S.
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City, State Naples, Fl.	City & State Naples Fl
Zip 34102 Country USA	Zip 34102 Country USA

4. FEI Number 74-3050646 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY J. LIEBERFARB, P.A.
ATTN: STANLEY J. LIEBERFARB
4001 TAMIAMI TRAIL NORTH - SUITE 330
NAPLES FL 34103

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	Vin DePasquale ☐ Delete 801 12TH AVE S. Suite 300 Naples Fl 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principal ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenney Schryver ☐ Delete 804 Bentwood Ave. Naples, Fl. 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stanley Lieberfarb ☐ Delete 4001 N Tamiami Tr Suite330 Naples, Fl. 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principal ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 605, Florida Statutes.

SIGNATURE: Stanley Lieberfarb RECEIVED 4/17/03 239-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #