

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 23, 2004
Secretary of State**

DOCUMENT# L02000013509

Entity Name: IEA GOLDEN BEACH I, LLC

Current Principal Place of Business:

1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 03-0461581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WERNER, MICHAEL B
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WERNER, MICHAEL B
Address: 1111 LINCOLN RD. #400
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: GARFINKLE, BENJAMIN
Address: 1111 LINCOLN RD. #400
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: GARFINKLE, DAVID
Address: 1111 LINCOLN RD. #400
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BENJAMIN GARFINKLE

MGRM

02/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date