


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028338 1. Entity Name BEACH CAPITAL ADVISORS, LLC	
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Principal Place of Business 600 NORTH WESTSHORE BLVD. SUITE 800 TAMPA, FL 33609	Mailing Address 600 NORTH WESTSHORE BLVD. SUITE 800 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2080771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDY, THOMAS W
600 NORTH WESTSHORE BLVD.
SUITE 800
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00 Due by May 1, 2004	000000106812 04/08/04-80031-017 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD CARDY, THOMAS W 600 N WESTSHORE BLVD #800 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRD BURNS, DAVID A 600 N WESTSHORE BLVD #800 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:  **David A Burns** 4-5-04 813-281-0995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #