2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L02000031503

1. Entity Name

BEACH CLUB PARTNERS LLC



09-26-2003 90004 005 *****50.00
FILED L02000031503
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -6 AM 11: 11

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•	ce of Business			Mailing Address							
565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33441				565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33441				•			
				•) 42 44 14	181 131 181 181 181	[6 19] [61]
2. Principal F	Place of Busines	S	3.	Mailing Address			†				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
				<u></u>							
City & State				City & State			4. FEI Num	nber 4 – 208/84 3	?	\longrightarrow	pplied For lot Applicable
Zip		Country		Zip	Country		5. Certifica	te of Status Desired	. \square	\$5.00 Ad Fee Require	
6. Name and Address of Current l				stered Agent		7. Name and Address of New Registered Agent					
GEN	ESIS BEACH (CLUBILLO		- -	N	āme ·	vo . • ⁻				
565 EAST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33441					S	Street Address (P.O. Box Number is Not Acceptable)					
DELI		7 6 00441	•	3							
					С	ity			FL	Zip Coo	ie
	e named entity se		t for the	purpose of changing its	registered o	fice or register	ed agent, or b	ooth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .									•		
	Signature, typed or p	rinled name of registered ag	ent and little	e if applicable. (NOTE	E: Registered Age	nt signature required	when reinstating)		DATE		
				-		IS \$50.00					
				Make Check Payable Due By	e to Florid Septembe	-	nt of State				
9.		MANAGING MEM	BERS/N		10.	,		ADDITIONS	/CHANGES		
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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 608, Florida Statutes.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(954) 421-4200)