2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
04-02-2004 90252 004 ****50.00

DOCUMENT # L03000004039

1. Entity Name
THE BEACHWOOD COMPANY LLC

34005737

03242004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
5828 WATERFORD BOCA RATON, FL 33496	5828 WATERFORD BOCA RATON, FL 33496

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 51-0444318 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE STE. 500 EAST
WEST PALM BEACH, FL 33401

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)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM Altshul, Lawrence D. 5828 Waterford Boca Raton, Florida 33496	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEMBER~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ ~~Altshul, Karen B.~~ ~~5828 Waterford~~ ~~Boca Raton, Florida 33496~~	☐ Change ~~XX~~ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEMBER~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ~~Altshul, Marie J.~~ ~~5828 Waterford~~ ~~Boca Raton, Florida 33496~~	☐ Change XX 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

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 608, Florida Statutes.

SIGNATURE: _____ 3/28/04 561-995-9828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #