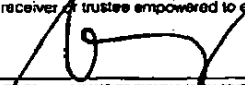


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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					
Principal Place of Business 5828 WATERFORD BOCA RATON, FL 33496			Mailing Address 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	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
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			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 _____ (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 ☒ 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 ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Altshul, Eric J. 5828 Waterford Boca Raton, Florida 33496	☐ 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	
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 606, Florida Statutes.					
SIGNATURE: 		Date: 3/28/04		Filing Fee: \$41.95 + \$8.00	