

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                            |                                                                                          |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000006791</b><br>1. Entity Name<br><b>BEACH BROKERS REALTY LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                            |                                                                                          |                                  |  |
| Principal Place of Business<br><b>287 SUNNY ISLES BLVD.</b><br><b>SUNNY ISLES BEACH, FL 33160 US</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                            | Mailing Address<br><b>287 SUNNY ISLES BLVD.</b><br><b>SUNNY ISLES BEACH, FL 33160 US</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                            | City & State                                                                             |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | Country                                    |                                                                                          | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | Country                                    |                                                                                          | 4. FEI Number<br><b>45-0502633</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                            |                                                                                          | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>LEIDER, JAMES</b><br><b>287 SUNNY ISLES BLVD.</b><br><b>SUNNY ISLES BEACH, FL 33160</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                            |                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                 |                                                                               |                                            |                                                                                          | FL Zip Code                                                                                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                            |                                                                                          |                                                                                                                   |  |
| Amended AR is \$50.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                            | Make check payable to<br>Florida Department of State                                     |                                                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                            | 10. ADDITIONS/CHANGES                                                                    |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>LEIDER, JAMES<br>287 SUNNY ISLES BLVD.<br>SUNNY ISLES BEACH, FL 33160 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | U000000282719<br>03/31/05-80053-021 50.00                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>MASS, RAQUEL<br>287 SUNNY ISLES BLVD.<br>SUNNY ISLES BEACH, FL 33160  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James Leider</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                            | 03/28/05 305-9565656                                                                     |                                                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                            | Date Daytime Phone #                                                                     |                                                                                                                   |  |