

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

07-14-2004 90061 017 ****55.00

DOCUMENT # L03000027479					
1. Entity Name BEACH AND HODGES INVESTMENT ASSOCIATES, LLC					
Principal Place of Business 5901 SW 74TH STREET SUITE 407 SOUTH MIAMI, FL 33143			Mailing Address 5901 SW 74TH STREET SUITE 407 SOUTH MIAMI, FL 33143		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1478926	
5. Certificate of Status Desired				☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 200 E. BROWARD BOULEVARD SUITE 2000 FT. LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) 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)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BROWN, GARY 5901 SW 74TH STREET, SUITE 407 SOUTH MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILGRAM, MARC 5901 SW 74TH STREET, SUITE 407 SOUTH MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILGRAM, MARC 5901 SW 74TH STREET, SUITE 407 SOUTH MIAMI, FL 33143	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILGRAM, MARC 5901 SW 74TH STREET, SUITE 407 SOUTH MIAMI, FL 33143	☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MILGRAM, MARC 5901 SW 74TH STREET, SUITE 407 SOUTH MIAMI, FL 33143	☐ Delete			
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: _____				Date: July 7, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 305-662-8999	