## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000039676**

1. Entity Name

SOUTH BEACH CONDO RENTALS, LLC



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

6 POINTE CIR.

GREENVILLE, SC 29615

Mailing Address

6 POINTE CIR.

GREENVILLE, SC 29615



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

|                                       |  | 111  | IN THIS STACE  |  |
|---------------------------------------|--|--|--|--|
| !                                     |  | İ  |  |  |
|                                       | named entity submits this statement for the purpose of chations of registered agent. | nging its registered office or registered agent, or b        | oth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable.        | (NOTE: Registered Agent signature required when reinstating) | DATE   |  |
| F                                     | iling Fee is \$50.00<br>ue by May 1, 2007  |  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  | <u> </u>   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM READ, GLENN R 6 POINTE CIRCLE GREENVILLE, SC 29615                              |  | U00000591838   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ONLEWIELE, 30 28013  |  | 01/19/07-80039-019 50.00                                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO   | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | IN   | THIS SPACE   |  |
| TITLE                                 |  |  |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accounte 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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

The Area Service

Deto

Daytime Phone #