

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045390

1. Entity Name
NEW BEACH CONSTRUCTION CO., LLC



Principal Place of Business

**201 S. BISCAYNE BLVD
STE 2877 28TH FL
MIAMI, FL 33131**

Mailing Address

**201 S. BISCAYNE BLVD
STE 2877 28TH FL
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0374799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMA, STEPHEN L
201 S. BISCAYNE BLVD., STE. 2877, 28TH FL
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLACK, CHRISTOPHER
201 S. BISCAYNE BLVD., STE. 2877, 28TH FL
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NASTASI, TOM
201 S. BISCAYNE BLVD., STE. 2877, 28TH FL
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NASTASI, ANTHONY
201 S. BISCAYNE BLVD., STE. 2877, 28TH FL
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/04/05-80159-001 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

4/28/05
Date

305-576-4200
Daytime Phone #