

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045390

FILED
Feb 01, 2008
Secretary of State

Entity Name: NEW BEACH CONSTRUCTION CO., LLC

Current Principal Place of Business:

1930 N. MIAMI AVE
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1930 N. MIAMI AVENUE
MIAMI, FL 33136

New Mailing Address:

FEI Number: 20-0374799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PALMA, STEPHEN L
1930 NORTH MIAMI AVENUE
MIAMI, FL 33136 US

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.

SIGNATURE:

02/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLACK, CHRISTOPHER
Address: 1930 N. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33136

Title: MGRM () Delete
Name: NASTASI, TOM
Address: 1930 N. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33136

Title: MGRM () Delete
Name: NASTASI, ANTHONY
Address: 1930 N. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER BLACK

MGRM

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date