

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90162 021 ****50.00

DOCUMENT # L03000052881



1. Entity Name
ATLANTIC BEACH CLUB, LLC

Principal Place of Business

**1225 19TH STREET, NW
SUITE 850
WASHINGTON, DC 20036 US**

Mailing Address

**1225 19TH STREET, NW
SUITE 850
WASHINGTON, DC 20036 US**

24008280



2. Principal Place of Business
444 Seabreeze Blvd.

3. Mailing Address
444 Seabreeze Blvd.

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

01222004 Chg-LLC CR2E083 (10/03)

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

4. FEI Number
20-0547548

Applied For
☐ Not Applicable

Zip Country
32118 USA

Zip Country
32118 USA

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

6. Name and Address of Current Registered Agent

**COBB & COLE
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115**

7. Name and Address of New Registered Agent

Name **Charles D. Hood, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

444 Seabreeze Blvd., Suite 900

City **Daytona Beach FL** Zip Code **32118**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **HERMAN, WILLIAM N**
STREET ADDRESS **1225 19TH STREET, NW, #850**
CITY-ST-ZIP **WASHINGTON, DC 20036**

TITLE **MGR** ☒ Delete
NAME **ARNOLD, JEFFERY**
STREET ADDRESS **1225 19TH STREET, NW, #850**
CITY-ST-ZIP **WASHINGTON, DC 20036**

TITLE **MGR** ☒ Delete
NAME **SIRANG, STEVEN**
STREET ADDRESS **11150 OLYMPIC BLVD., #680**
CITY-ST-ZIP **LOS ANGELES, CA 90064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MBR** ☐ Change ☒ Addition
NAME **AAH, LLC**
STREET ADDRESS **444 Seabreeze Blvd., Suite 900**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Charles D. Hood, Jr.**
STREET ADDRESS **444 Seabreeze Blvd., Suite 900**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/04