

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90133 028 ****50.00

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04302004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000053689 1. Entity Name SOUTH BEACH CAPITAL PARTNERS, L.L.C.					
Principal Place of Business 1401 MANATEE AVENUE W., SUITE 501 BRADENTON, FL 34205			Mailing Address 1401 MANATEE AVENUE W., SUITE 501 BRADENTON, FL 34205		
2. Principal Place of Business <i>1401 Manatee Ave W</i> Suite, Apt. #, etc. <i>Ste 510</i>		3. Mailing Address <i>1401 Manatee Ave W</i> Suite, Apt. #, etc. <i>Ste 510</i>		4. FEI Number <i>20-0489055</i> Applied For <input type="checkbox"/> Not Applicable	
City & State <i>Bradenton FL</i>		City & State <i>Bradenton FL</i>			
Zip <i>34205</i>	Country <i>USA</i>	Zip <i>34205</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTON, SAM D 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, TIMOTHY J 1401 MANATEE AVENUE W., SUITE 501 BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGR MORRIS, TIMOTHY J. 1401 Manatee Ave W Ste 510 Bradenton FL 34205</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4-30-04</i> (94) 708-9220 <small>Daytime Phone #</small>		