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Aug 05, 2005 8:00 am
Secretary of State
07-14-2005 90017 042 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000019384

1. Entity Name
TECTON ATLANTIC BEACH MANAGEMENT SERVICES, LLC

30010446

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. MIAMI, FL 33131	1101 BRICKELL AVE. MIAMI, FL 33131

07072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite Apt. #, etc. 1400	Suite Apt. #, etc. 1400
City & State	City & State
Zip / Country	Zip / Country

FEI Number 20-0282222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PELTZ, ARVIN 3250 MARY STREET SUITE 600 MIAMI, FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MILLARD, RICHARD 1101 BRICKELL AVE. MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition SUITE 1400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEAL, RAUL 1101 BRICKELL AVE. MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition SUITE 1400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUFF, GEORGE 410 PARK AVE. SUITE 430 NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIBLEY, PETER L ~~3250 MARY STREET SUITE 601~~ MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3250 MARY ST. STE. 500
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ President 7/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #