


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90025 044 ****50.00

| | |
|---|---|
| DOCUMENT # L04000019384 1. Entity Name TECTON ATLANTIC BEACH MANAGEMENT SERVICES, LLC |  |
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|---|---|
| Principal Place of Business 1101 BRICKELL AVE. 1400 MIAMI, FL 33131 | Mailing Address 1101 BRICKELL AVE. 1400 MIAMI, FL 33131 |
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-LLC

CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-0282222 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PELTZ, ARVIN 3250 MARY STREET SUITE 500 MIAMI, FL 33133 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MILLARD, RICHARD 1101 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEAL, RAUL 1101 BRICKELL AVE, SUITE 1400 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RUFF, GEORGE 410 PARK AVE. SUITE 430 NEW YORK, NY 10022 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SIBLEY, PETER L 3250 MARK ST, STE 500 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: R. A. Millard (Managing Member) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____
Date _____ Daytime Phone # _____