

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90289 017 ****50.00

DOCUMENT # L04000022583

1. Entity Name
WIDE BEACH PROPERTIES, LLC



Principal Place of Business
**123 WEST ROAD
PLEASANT VALLEY, NY 12569 US**

Mailing Address
~~C/O ISEMAN CUNNINGHAM RIESTER & HYDE LLP~~
~~2649 SOUTH ROAD, SUITE 230~~
~~POUGHKEEPSIE, NY 12601 US~~

40041034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042005 Chg-LLC CR2E083 (10/03)

City & State

City & State
PLEASANT VALLEY, NY

4. FEI Number

11-3717228

Applied For

Not Applicable

Zip

Country

Zip

Country

12569

USA

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

**KIRCHHOFF, THOMAS J
1700 SOUTH OCEAN DRIVE
APT. 505
VERO BEACH, FL 32963**

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

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
JOSEPH T. KIRCHHOFF
P.O. BOX 675
PLEASANT VALLEY, NY 12569** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
SUSAN KIRCHHOFF
P.O. BOX 147
SHERMAN, CT 06784** ☐ Delete

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

TITLE
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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 #

Susan Kirchhoff

3-20-05