


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90031 045 \*\*\*\*50.00

**DOCUMENT # L04000028827**  
 1. Entity Name  
**BEACH HAVEN BY LUV-IT HOMES, LLC**



Principal Place of Business      Mailing Address  
 1230 INDIANTOWN RD., STE. 101      1230 INDIANTOWN RD., STE. 101  
 JUPITER FL 33458      JUPITER FL 33458

2. Principal Place of Business      3. Mailing Address  
*1935 Commerce Ln.*      *1935 Commerce Lane*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*SUITE 4*      *SUITE 4*

City & State      City & State  
*JUPITER FL*      *JUPITER FL*

Zip      Country      Zip      Country  
*33458*      *USA*      *33458*      *USA*

1st MOORE      CR2E083 (10/05)  
 4. FEI Number      Applied For  
*20-1029694*      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent  
 HERMAN, BRUCE  
 1401 E. BROWARD BLVD., STE. 206  
 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent  
 Name *FRANK ARENA*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1935 Commerce Lane*  
*SUITE #4*  
 City *JUPITER FL*      FL      Zip Code *33458*

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]*      *4-26-06*      *MANAGING MEMBER*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARENA, FRANK 1230 INDIANTOWN RD., STE. 101 JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1935 COMMERCE LANE #4</i> <i>JUPITER, FL 33458</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: *[Signature]*      *4-26-06*      *561-746-3191*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #  
*329-3978*