

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**ORIGINAL**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000038277**

1. Entity Name  
**BEACH FRONT 302, LLC**



Principal Place of Business  
**2700 NE 10TH ST  
POMPANO BEACH, FL 33062**

Mailing Address  
**2700 NE 10TH ST  
POMPANO BEACH, FL 33062**



04122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2218400**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TURNER, ARTHUR B JR  
2700 NE 10TH ST  
POMPANO BEACH, FL 33062**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TURNER, ARTHUR B JR
STREET ADDRESS	2700 NE 10TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	TURNER, LISA J
STREET ADDRESS	2700 NE 10TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80069-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Arthur B. Turner Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**5-1-06**

Date

**954-931-8713**

Daytime Phone #