

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000039098

1. Entity Name
**FORT PIERCE BEACH PROPERTIES & INVESTMENTS,
LLC**



Principal Place of Business
**1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FL 33316**

Mailing Address
**1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FL 33316**



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3567698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**H. COLLINS FORMAN, JR., P.A.
1323 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE, FL 33316**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000835466
04/24/08-80069-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FORMAN, H. COLLINS JR
STREET ADDRESS	1323 SOUTHEAST THIRD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGR
NAME	ESCHBACH, JAMES J
STREET ADDRESS	4166 NW 90TH AVENUE, # 105
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

4-10-08 954-522 5003