

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039098

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** FORT PIERCE BEACH PROPERTIES & INVESTMENTS, LLC

**Current Principal Place of Business:**

1323 SOUTHEAST THIRD AVENUE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1323 SOUTHEAST THIRD AVENUE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-3567698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORMAN, H. COLLINS JR  
Address: 1323 SOUTHEAST THIRD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR ( ) Delete  
Name: ESCHBACH, JAMES J  
Address: 4166 NW 90TH AVENUE, # 105  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H. COLLINS FORMAN, JR.

MGR

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date