

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041280

1. Entity Name
BEACH CATCHERS, LLC



Principal Place of Business
**2865 NE 35TH COURT
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**2865 NE 35TH COURT
FORT LAUDERDALE, FL 33308 US**



02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1191929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALMAN, MYLES ESQ.
3230 STERLING ROAD
HOLLYWOOD, FL 33020**

**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 renouncing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TISCHLER, SUSAN B
STREET ADDRESS	1717 SOUTH OCEAN BLVD., #5
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	MGRM
NAME	TOAL, PAMELA C
STREET ADDRESS	2038 INTRACOASTAL DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGRM
NAME	SHELDON, AMY
STREET ADDRESS	404 EAST 55TH STREET, APT. 11E
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	MGRM
NAME	CASH, PEGGY S
STREET ADDRESS	2865 NE 35TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000432696
02/23/06-80077-019 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 609, Florida Statutes.

SIGNATURE: *Peggy S Cash*

2-9-06

954-561-8122

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

Date

Daytime Phone #