

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050378

FILED
Jul 08, 2005
Secretary of State

Entity Name: CARLYLE BEACH ASSOCIATES, LLC

Current Principal Place of Business:

60 CUTTER MILL ROAD, SUITE 303
GREAT NECK, NY 11021

New Principal Place of Business:

60 CUTTER MILL ROAD, SUITE 303
509
GREAT NECK, NY 11021

Current Mailing Address:

60 CUTTER MILL ROAD, SUITE 303
GREAT NECK, NY 11021

New Mailing Address:

60 CUTTER MILL ROAD, SUITE 303
509
GREAT NECK, NY 11021

FEI Number: 20-1332143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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: TLQ REALTY GROUP, LL, C
Address: 60 CUTTER MILL ROAD, SUITE 303
City-St-Zip: GREAT NECK, NY 11021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TLQ REALTY GROUP, LL, C
Address: 60 CUTTER MILL ROAD, SUITE 509
City-St-Zip: GREAT NECK, NY 11021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL ANTON

MGR

07/08/2005

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