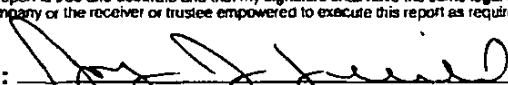


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-27-2005 90031 021 ****55.00

DOCUMENT # L04000050677 1. Entity Name BEACH WOODS STAGE NINE, LLC																																																					
Principal Place of Business 104 SOUTH HARBOR CITY BLVD MELBOURNE, FL 32901			Mailing Address P.O. BOX 536 MELBOURNE, FL 32902-0536																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04212005 Chg-LLC CR2E083 (10/03)																																																	
City & State		City & State		4. FEI Number 087-26-2990																																																	
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent GILLILAND, JOY J 104 SOUTH HARBOR CITY BLVD MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																	
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.				FL Zip Code																																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS / CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">NAME</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> <td colspan="2" style="padding: 5px;"> STREET ADDRESS CITY-ST-ZIP </td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES		TITLE	NAME	TITLE	NAME	☐ Delete		☐ Change ☒ Addition		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 				4-21-05																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																					

30997678

