2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90192 008 ****50.00

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1. Entity Name
BEACH JAX REALTY, LLC

60021943

Principal Place of Business	Mailing Address
6532 BEACH BLVD JACKSONVILLE, FL 32207 US	16 MT. EBO ROAD SOUTH C/O SUN MANAGEMENT BREWSTER, NY 10509 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2295 Corporate Blvd NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 131	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip 33431	Country

02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 71-0973229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Sevell, Arnold Street Address (P.O. Box Number is Not Acceptable) 2295 Corporate Blvd NW, Ste 131 City Boca Raton FL Zip Code 33431

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 Arnold Sevell 2-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SGS REALTY, LLC		NAME		
STREET ADDRESS	2295 CORPORATE BLVD., SUITE 131		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: A. Sevell 2-28-07 561 995-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #