

**AMENDED
2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

02-28-2005 90042 006 *****50.00
01-24-2005 90101 011 *****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000078945					
1. Entity Name BEACH ZONE REAL ESTATE, LLC					
Principal Place of Business 34871 EMERALD COAST PARKWAY DESTIN, FL 32541			Mailing Address 34871 EMERALD COAST PARKWAY DESTIN, FL 32541		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2354287			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			55.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LUPER, ZVI 5297 GULF BLVD. ST. PETE BEACH, FL 33708			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reappointing.					
Filing Fee is \$80.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LUPER, ZVI 5297 GULF BLVD. ST. PETE BEACH, FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	Principal Hanan Luper 7347 Sawgrass Point Dr. Pinellas Park, FL 33782	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	Principal John Vallianatos PO Box 5857 Destin, FL 32540	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	Principal Andrew Vallianatos PO Box 5857 Destin, FL 32540	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		☐ Change ☐ Addition	
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: <i>Andrew Vallianatos</i>			2-2105 (PSO) 1324500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					