

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90092 041 ***138.75

DOCUMENT # L04000078945

1. Entity Name
BEACH ZONE REAL ESTATE, LLC



Principal Place of Business
10962 US HWY 98 WEST
MIRAMAR BEACH, FL 32550

Mailing Address
10962 US HWY 98 WEST
MIRAMAR BEACH, FL 32550

60004784



01192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2354287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUPER, ZVI
5297 GULF BLVD.
ST. PETE BEACH, FL 33706

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUPER, ZVI
5297 GULF BLVD.
ST. PETE BEACH, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LUPER, HANAN
7347 SAWGRASS POINT DR
PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VALLIANATOS, JOHN
4743 PAPAYA PARK
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VALLIANATOS, ANDREW
4743 PAPAYA PARK
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-21-08

Date

Daytime Phone #

(850) 259-0339