2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000081847

Entity Name: BEACH ROAD BUSINESS CENTER LLC

FILED Oct 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4397 N .STATE RD. 7 5007 SAGO PALM CIRCLE LAUDERDALE LAKES, FL 33319 TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

4901 UMBRELLA TREE LANE 5007 SAGO PALM CIRCLE TAMARAC, FL 33319 TAMARAC, FL 33319

FEI Number: 34-2026880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EARLE, STAFFORD
4397 N. STATE RD. 7
LAUDERDALE LAKES, FL 33319 US
EARLE, STAFFORD
5007 SAGO PALM CIRCLE
TAMARAC FL, FL 33319 US

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: STAFFORD EARLE 10/02/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: EARLE, STAFFORD Name: EARLE, STAFFORD
Address: 4901 UMBRELLA TREE LANE Address: 5007 SAGO PALM CIRCLE

Address: 4901 UMBRELLA TREE LANE Address: 5007 SAGO PALM CIRCLI City-St-Zip: TAMARAC, FL 33319 City-St-Zip: TAMARAC, FL 33319

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 EARLE, LISA
 Name:

 Address:
 4901 UMBRELLA TREE LANE
 Address:

 City-St-Zip:
 TAMARAC, FL 33319
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 EARLE, SIMONE
 Name:

 Address:
 4901 UMBRELLA TREE LANE
 Address:

 City-St-Zip:
 TAMARAC, FL 33319
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 EARLE, LISA
 Name:

 Address:
 4901 UMBRELLA TREE LN.
 Address:

 City-St-Zip:
 TAMARAC, FL 33319
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STAFFORD EARLE MGRM 10/02/2006