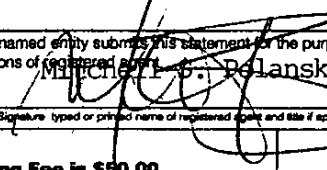
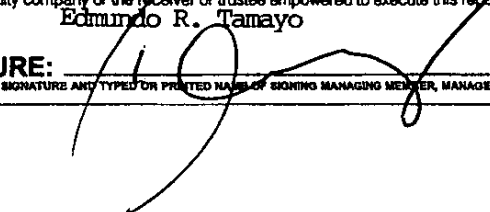


FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 004 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000086403			
1. Entity Name SOUTH BEACH, LLC			
Principal Place of Business 1121 NORTH VENETIAN DRIVE MIAMI BEACH, FL 33139-1018		Mailing Address 1121 NORTH VENETIAN DRIVE MIAMI BEACH, FL 33139-1018	
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshore Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33133	USA	33133	USA
6. Name and Address of Current Registered Agent GARCIA, OMARA 1121 NORTH VENETIAN DRIVE MIAMI BACH, FL 33139-1018		7. Name and Address of New Registered Agent Name Mitchell S. Polansky, Esq. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703 City Miami State FL Zip Code 33133	
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 6/19/06	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAMAYO, EDMUNDO R 1121 N VENETIAN DR MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. Edmundo R. Tamayo 6/19/06 (305) 858-9900			
SIGNATURE: 		Date Daytime Phone #	