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Secretary of State

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086403

1. Entity Name
SOUTH BEACH, LLC

40097095.

Principal Place of Business	Mailing Address
1121 NORTH VENETIAN DRIVE MIAMI BEACH, FL 33139-1018	1121 NORTH VENETIAN DRIVE MIAMI BEACH, FL 33139-1018

06192006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number ~~20-0707655~~ 20-4894232 ☐ Applied For ☐ Not Applicable

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

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 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 Mitchell S. Polansky 6/19/06
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 September 6, 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
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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 608, Florida Statutes.

SIGNATURE: Edmundo R. Tamayo 6/19/06 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #