2005 LIMITED LIABILITY COMPANY ____ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # LU4U0U08/994 1. Entity Name BEACH CLUB 160, LLC							05-03-2005 90023 006 ****50.00				
Principal Place of Business 3822 WEST 12TH AVENUE HIALEAH, FL 33012			Mailing Address 3822 WEST 12TH AVENUE HIALEAH, FL 33012				20056366				
2. Principal P	lace of Business		3. Mailing Address						1 1 1 1 1 1 1 1 1 1 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04222005	Chg-LLC	CR2E	083 (10/03)			
City & State			City & State		4. FEI Numb	Der 244619	76	⊢	plied For t Applicable		
Zip Country			Zip Count		itry	5. Certificat	e of Status Desired		\$5.00 Add	itional	
	6. Name and Address of	egistered Agent	tered Agent			d Address of New R	egistered	Agent			
					Name						
CAYON, M 3822 WES HIALEAH,	T 12TH AVENUE			Street Addres	ss (P.O. Box Numl	ber is Not Acceptable	9)				
					City				Zip Code	 _	
9 The phone	named entity submits this st	talamani lar	the oursess of changing its	rogistor	<u> </u>	atornel agont, or b	ath in the State of Ele	FL	<u>- </u>		
	ions of registered agent.	latement for	trie purpose or changing its	i e Bistau	ea ance or regi	stereu agent, or b	oth, withe State of Fit	люа. гат	iamilar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of rep	gistered agent an	nd title if applicable. (NOT	E: Registere	d Agent signature req	uired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005									payable to nent of State	•	
9.	MANAGIN	NG MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGE			
TITLE	MGR		☐ Defete	TITL					☐ Change	Addition	
NAME	CAYON, MAURICE			NAM	1						
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NAME				NAM							
STREET ADDRESS CITY-ST-ZIP				- 1	IEET ADDRESS Y-ST-ZIP						
1	certify that the information of	innlind with	this filing does not qualify for			n Section 110.07/	3Vi) Florida Statutas	I further or	artifu that the 2	nformation	
indicated limited limited	certify that the information su d on this report is true and a ability company or the receive	curate and er or trystee	that my signature shall have employered to execute this	the sart	e legal effect as is required by C	s if made under oa hapter 608, Florid	a Statutes.	ging memb	per or manage	er of the	

SIGNATURE: Daysine AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysine Phone #