


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-18-2006 90006 013 ****50.00

DOCUMENT # L05000003519 1. Entity Name 100 N. BEACH L.L.C.																													
Principal Place of Business 18206 COLLINS AVE. SUNNY ISLES, FL 33160			Mailing Address 18206 COLLINS AVE. SUNNY ISLES, FL 33160																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip			City & State Zip																										
Country			Country																										
4. Name and Address of Current Registered Agent GLEIZER, HERNAN 18206 COLLINS AVE. SUNNY ISLES, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____																									
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GLEIZER, HERNAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18206 COLLINS AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SUNNY ISLES, FL 33160</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	GLEIZER, HERNAN		STREET ADDRESS	18206 COLLINS AVE.		CITY - ST - ZIP	SUNNY ISLES, FL 33160		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: _____

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

Date

Daytime Phone #

ATTACHMENT 30008503
05000003519
Entity Classification Election

OMB No. 1545-1516

Type or Print	Name of entity 100 N. BEACH LLC	EIN ▶ 20-2328600
	Number, street, and room or suite no. If a P.O. box, see instructions. 10206 COLLINS AVENUE	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. SUNNY ISLES FL 33160	

1 Type of election (see instructions):

- a ☒ Initial classification by a newly-formed entity.
b ☐ Change in current classification.

2 Form of entity (see instructions):

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.
b ☐ A domestic eligible entity electing to be classified as a partnership.
c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.
e ☒ A foreign eligible entity electing to be classified as a partnership.
f ☐ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

3 Disregarded entity information (see instructions):

- a Name of owner ▶
b Identifying number of owner ▶
c Country of organization of entity electing to be disregarded (if foreign) ▶

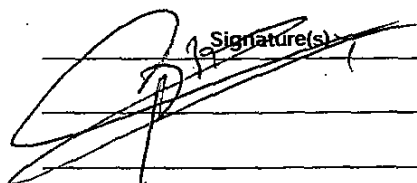
4 Election is to be effective beginning (month, day, year) (see instructions) ▶ 1/11/05

5 Name and title of person whom the IRS may call for more information

6 That person's telephone number

Consent Statement and Signature(s) (see instructions)

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

Signature(s)	Date	Title
	<u>2/3/05</u>	<u>MANAGER</u>



ATTACHMENT

30008503

P.O. BOX 9003

HOLTSVILLE NY 11742-9003

In reply refer to: 0133640400

Mar. 10, 2005 LTR 147C

20-2328600 000000 00 000

01275

BODC: NOBOD

100 N BEACH LLC
GLEIZER HERNAN SOLE MBR
18206 COLLINS AVE
SUNNY ISLES FL 33160

Employer Identification Number: 20-2328600

Dear Taxpayer:

Thank you for the inquiry dated Feb. 23, 2005.

In order to be eligible for filing Form 1120 for your LLC you must complete the enclosed Form 8832 and send it to the Philadelphia Service Center address indicated on the Form 8832.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____