


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90192 009 ****50.00

DOCUMENT # L05000009738 1. Entity Name BEACH DAYT REALTY, LLC	
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Principal Place of Business 16 MT. EBO ROAD SOUTH BREWSTER, NY 10509	Mailing Address 2295 CORPORATE BLVD. NW SUITE 131 BOCA RATON, FL 33431
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60021942



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0978259	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEVELL, ARNOLD 2295 CORPORATE BLVD., N.W. SUITE 131 BOCA RATON, FL 33431

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERLIN, MARJORIE 39 HIGHLAND AVE. CHAPPAQUA, NY 10514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, MICHAEL 420 LEXINGTON AVE., SUITE 1910 NEW YORK, NY 10170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEVELL REALTY HOLDINGS, LTD. 2295 CORPORATE BLVD. N.W., SUITE 131 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMAR FAMILY, LLC 16 MT. EBO ROAD SOUTH BREWSTER, NY 10509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2-27-07 <small>Date</small>	561-995-0100 <small>Daytime Phone #</small>
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