

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014124

**FILED**  
**Jan 07, 2007**  
**Secretary of State**

**Entity Name:** EAD BEACHFRONT INVESTMENTS, LLC

**Current Principal Place of Business:**

791 CRANDON BOULEVARD, NO. 707  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

791 CRANDON BOULEVARD, NO. 707  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 20-2317853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAK, ESTEBAN A  
791 CRANDON BOULEVARD, NO. 707  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEAK, ESTEBAN A  
Address: 791 CRANDON BOULEVARD, NO. 707  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: SONEGO, MARIA AMALIA  
Address: 791 CRANDON BOULEVARD, NO. 707  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ESTEBAN ALFREDO DEAK

MGRM

01/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date