
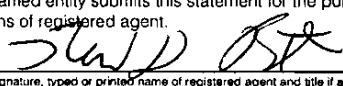
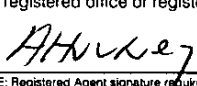



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90156 047 \*\*\*100.00

<b>DOCUMENT # L05000023032</b>					
<b>1. Entity Name</b> 144 BEACH STREET, LLC					
<b>Principal Place of Business</b> 201 WEST CANTON AVE., SUITE B WINTER PARK, FL 32789			<b>Mailing Address</b> 201 WEST CANTON AVE., SUITE B WINTER PARK, FL 32789		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006    Chg-LLC    CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MILLER, SOUTH & MILHAUSEN, P.A. C/O RICHARD D. BAXTER, ESQ. 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789				Name <b>Miller, South &amp; Milhausen, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Richard D. Baxter, Esq.</b> <b>1000 Legion Place, Suite 1200</b> City <b>Orlando,</b> <b>FL</b> Zip Code <b>32801</b>	
<b>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.</b>					
SIGNATURE 				DATE <b>1/20/06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'SHAUGHNESSEY, THOMAS M 201 WEST CANTON AVE., SUITE B WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> 		Date <b>1-26-06</b> Daytime Phone # <b>407-6284430</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					