

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000023472</b> 1. Entity Name PLAN BEACH, LLC	
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Principal Place of Business 5335 NW 106 COURT DORAL, FL 33178	Mailing Address 5335 NW 106 COURT DORAL, FL 33178
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01172007No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ Number 20-2469561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BERGNA, LILIANNE I  
 5335 NW 106 COURT  
 DORAL, FL 33178

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGNA, LILIANNE I 5335 NW 106 COURT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHACIN, ALBERTO E 5335 NW 106 COURT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000600687  
01/26/07-80020-014 50.00

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:** Lilianne Bergna      LILIANNE BERGNA      01/18/07      (786) 797 6752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #