



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90047 032 ****50.00

DOCUMENT # L05000023772					
1. Entity Name BYRON AT THE BEACH, LLC					
Principal Place of Business 2121 PONCE DE LEON BOULEVARD, #600 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BOULEVARD, #600 CORAL GABLES, FL 33134		
2. Principal Place of Business 110 Brickell Avenue Suite, Apt. #, etc. Suite 402 City & State Miami, FL Zip 33131 Country USA		3. Mailing Address 110 Brickell Avenue Suite, Apt. #, etc. Suite 402 City & State Miami, FL Zip 33131 Country USA		 04122006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 202465478				Applied For <input type="checkbox"/> Not Applicable	
5: Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J ESQ. FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Reina, Guillermo Street Address (P.O. Box Number is Not Acceptable) 110 Brickell Avenue Suite 402 City Miami FL Zip Co Je 33131		
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 <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINA, GUILLERMO 610 HARBOR CIRCLE KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>		Date 4/12/06		Daytime Phone # 305-3717676 (14)	