## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000023  1. Entity Name BYRON AT THE BEACH, LLC	772			4-1 /-2006 <u>\$</u> - <b></b>	9004/ 032 *****5C	7.00
Principal Place of Business	Mailing Address	·	7			
2121 PONCE DE LEON BOULEVARD, #600 CORAL GABLES, FL 33134  2121 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134						
	T = #15 ii.					
2. Principal Place of Business  IIIO Brickell Avenue  Suite, Apt. #, etc.	3. Mailing Address  110 Byicke Suite, Apt. #, etc.	Avenue				
5vite 402	Suite 40	72	04122006	Chg-LLC	CR2E083 (11/05)	
City & State Miami, FL	City & State	E)	4. FEI Number 202465	470		oplied For ot Applicable
Zip Country	Zip	Country	173		\$5.00	
33131 USA	33131	Αċυ	5: Certificate of S		Fee Require	
6. Name and Address of Current	Registered Agent	Name .	7. Name and Add		legistered Agent	
PORTUONDO, FERNANDO J ESQ.		Peinc	<u>u, Guiller</u>	mo		
FERNANDO J. PORTUONDO, P.A.		Street Address	(P.O. Box Number is	Not Acceptable	9)	
2121 PONCE DE LEON BLVD., SUITE 6 CORAL GABLES, FL 33134	00		rickell Av	enve		
/		City Mia	mi		FL Zip Cod	ຮໍ້ໄ
The above named entity submits this statement to the obligations of registered agent	r the purpose of changing its			the State of Flo		
SIGNATURE Signature, Word or fortied name of registered agent of	Alor	: Registered Agent signature requi			DATE	
ogrande, species period i a regionale agent	and sec mappedage, (1901).	. Longiero con regiona seguntatura i orden				
//						
Filing Fee is \$50.00 Due by May 1, 2006					e check payable to a Department of State	e
Dáe by May 1, 2006  9. MANAGING MEMBE		10.			Department of State	
9. MANAGING MEMBE	RS/MANAGERS	TITLE		Florida	Department of State	e Addition
Dáe by May 1, 2006  9. MANAGING MEMBE		· ·		Florida	Department of State	
9. MANAGING MEMBE TITLE MGR NAME REINA, GUILLERMO		TITLE NAME		Florida	Department of State	
9. MANAGING MEMBE TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-SI-ZIP KEY BISCAYNE, FL 33149 TITLE		TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE		Florida	Department of State	
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-SI-ZIP KEY BISCAYNE, FL 33149  TITLE NAME	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME		Florida	a Department of State /CHANGES  Change	Addition
9. MANAGING MEMBE TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-SI-ZIP KEY BISCAYNE, FL 33149 TITLE	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE		Florida	a Department of State /CHANGES  Change	Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS 610 HARBOR CIRCLE CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	a Department of State /CHANGES  Change	Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-SI-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 1-210	ADDITIONS	Department of State CHANGES  Change  Change	Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P 1-210	ADDITIONS	Department of State CHANGES  Change  Change	Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 1-210	ADDITIONS	CHANGES  Change  Change	Addition Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P 1-210	ADDITIONS	Department of State CHANGES  Change  Change	Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P 1-210	Florida	CHANGES  Change  Change	Addition Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-SI-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P 1-210	ADDITIONS	CHANGES  Change  Change  Change	Addition  Addition  Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE	P 1-210	ADDITIONS	CHANGES  Change  Change	Addition Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TREET ADDRESS CITY-ST-ZIP  TITLE NAME	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P 1-210	ADDITIONS	CHANGES  Change  Change  Change	Addition  Addition  Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE	P 1-210	ADDITIONS	CHANGES  Change  Change  Change	Addition  Addition  Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P 1-210	ADDITIONS	CHANGES  Change  Change  Change	Addition  Addition  Addition
9. MANAGING MEMBE  TITLE MGR REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P 1-210	ADDITIONS	CHANGES  Change  Change  Change	Addition Addition Addition Addition
9. MANAGING MEMBE  TITLE MGR RAMME REINA, GUILLERMO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P 1-210	ADDITIONS	CHANGES  Change  Change  Change	Addition Addition Addition Addition

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 regover or trustee empowerse to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE