

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024253

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: BEEKMAN PLACE ADVISORS, LLC

**Current Principal Place of Business:**

5900 SHORE BLVD SOUTH  
UNIT 402  
GULF PORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 531264  
SAINT PETERSBURG, FL 33747

**New Mailing Address:**

FEI Number: 20-2506776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEEKMAN PLACE ADVISORS LLC  
5900 SHORE BLVD SOUTH  
UNIT 402  
GULF PORT, FL 33707 US

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

DEVINE, THOMAS G MGRM  
5900 SHORE BLVD SOUTH  
UNIT 402-----TOM DEVINE  
GULF PORT, FL 33707 US

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: THOMAS G DEVINE

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEVINE, THOMAS  
Address: 5900 SHORE BLVD SOUTH  
City-St-Zip: GULF PORT, FL 33707

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEVINE, THOMAS  
Address: 5900 SHORE BLVD SOUTH--UNIT 402  
City-St-Zip: GULF PORT, FL 33707

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS DEVINE

MGRM

04/20/2009

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