
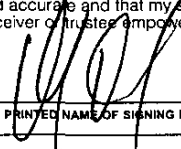


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90041 036 \*\*\*\*50.00

|  |                                 |  |                       |   |  |
|--|---------------------------------|--|-----------------------|---|--|
| <b>DOCUMENT # L05000030812</b><br>1. Entity Name<br><b>400 BEACH - ST. PETE, LLC.</b>  |                                 |  |                       |                                |  |
| Principal Place of Business<br><b>C/O DRESLIN FINANCIAL SERVICE<br/>7985 113TH STREET, SUITE 220<br/>SEMINOLE, FL 33772</b>  |                                 |  |                       | Mailing Address<br><b>C/O DRESLIN FINANCIAL SERVICE<br/>7985 113TH STREET, SUITE 220<br/>SEMINOLE, FL 33772</b> |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address   |                       |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |                       |   |  |
| City & State   |                                 | City & State   |                       |   |  |
| Zip  | Country                         | Zip  | Country               |   |  |
| 6. Name and Address of Current Registered Agent  |                                 |  |                       | 7. Name and Address of New Registered Agent   |  |
| DRESLIN FIANNCL SERVICE<br>7985 113TH STREET<br>SUITE 220<br>SEMINOLE, FL 33772  |                                 |  |                       | Name  |  |
|  |                                 |  |                       | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |                                 |  |                       | City  |  |
|  |                                 |  |                       | FL Zip Code   |  |
| 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 _____  |                                 |  |                       |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                 | <b>Make check payable to<br/>Florida Department of State</b> |                       |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |  | 10. ADDITIONS/CHANGES |   |  |
| TITLE  | MGRM                            |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | DRESLIN, DAVID G                |  | NAME                  |   |  |
| STREET ADDRESS   | 7985 113TH STREET, SUITE 220    |  | STREET ADDRESS        |   |  |
| CITY - ST - ZIP  | SEMINOLE, FL 33772              |  | CITY - ST - ZIP       |   |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                 |  | NAME                  |   |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS        |   |  |
| CITY - ST - ZIP  |                                 |  | CITY - ST - ZIP       |   |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                 |  | NAME                  |   |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS        |   |  |
| CITY - ST - ZIP  |                                 |  | CITY - ST - ZIP       |   |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                 |  | NAME                  |   |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS        |   |  |
| CITY - ST - ZIP  |                                 |  | CITY - ST - ZIP       |   |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                 |  | NAME                  |   |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS        |   |  |
| CITY - ST - ZIP  |                                 |  | CITY - ST - ZIP       |   |  |
| 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:    |                                 |  | DAVID DRESLIN         |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 |  | 7/6/2006              |   |  |
|  |                                 |  | (727) 397-7439        |   |  |