


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90011 031 ****50.00

DOCUMENT # L05000031962	
1. Entity Name THE BEACH PLACE, LLC	

Principal Place of Business 212 N BAY HILLS BLVD SAFETY HARBOR, FL 34695	Mailing Address 212 N BAY HILLS BLVD SAFETY HARBOR, FL 34695
--	--

20037870



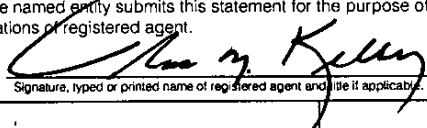
2. Principal Place of Business The Beach Place, LLC	3. Mailing Address 40700 Woodward Ave.,
Suite, Apt. #, etc. 7000 Beach Plaza #803	Suite, Apt. #, etc. Suite #201
City & State St. Pete Beach, FL	City & State Bloomfield Hills, MI
Zip 33706	Country Pinellas
Zip 48304	Country Oakland

04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2600482	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 SHEFMAN, MARGA 212 N BAY HILLS BLVD SAFETY HARBOR, FL 34695	7. Name and Address of New Registered Agent Name Thomas M. Kelley Street Address (P.O. Box Number is Not Acceptable) 6875 Gulf Winds Drive, Apt. #1 City St. Pete Beach, FL Zip Code 33706
---	---

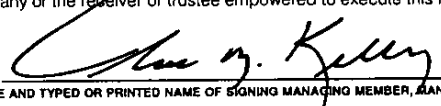
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/25/06**

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	MGRM REAL ESTATE EXCHANGE SERVICES, INC. 212 N BAY HILLS BLVD SAFETY HARBOR, FL 34695 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas M. Kelley 40700 Woodward Ave., Suite #201 Bloomfield Hills, MI 48304 <input checked="" 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
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
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:  DATE **4/25/06** (248) 644-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE