


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90073 019 ****50.00

| | |
|---|---|
| DOCUMENT # L05000033282 |  |
| 1. Entity Name BEACH RESORT MANAGEMENT, LLC | |

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|---|---|
| Principal Place of Business 444 SEABREEZE BOULEVARD SUITE 1001 DAYTONA BEACH, FL 32118 US | Mailing Address 444 SEABREEZE BOULEVARD SUITE 1001 DAYTONA BEACH, FL 32118 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 100 EAST GRANADA Suite, Apt. #, etc. |
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| City & State DAYTONA BEACH, FL | City & State DAYTONA BEACH, FL |
|--|--|

| | |
|-------------------------|---------------------------|
| Zip 32176 | Country USA |
|-------------------------|---------------------------|



01262006 Chg-LLC CR2E083 (11/05)

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|--|--|---|
| 4. FEI Number 20-2652073 | | 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 KENNEDY, R. MICHAEL 444 SEABREEZE BOULEVARD SUITE 1001 DAYTONA BEACH, FL 32118 | | 7. Name and Address of New Registered Agent 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

Signature, typed or printed name of registered agent and title if applicable.

(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 | MGRM KENNEDY, R. MICHAEL 444 SEABREEZE BOULEVARD, SUITE 1001 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHLOSSBERG, STEVE 100 EAST GRANADA BLVD DAYTONA BEACH, FL 32176 <input type="checkbox"/> Change <input checked="" 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:

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

STEVE SCHLOSSBERG

Date

Daytime Phone #

1-31-06 386-257-2026