

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/24/2006-90001-020-\$50.00-\$50.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:39

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |     |                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000033577</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |     |                                                                       |  |  |
| 1. Entity Name<br><b>BEACH GROUP I, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |     |                                                                       |                                                                                   |  |
| Principal Place of Business<br><b>1801 COLLINS AVE.<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |     | Mailing Address<br><b>1801 COLLINS AVE.<br/>MIAMI BEACH, FL 33139</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |     | 3. Mailing Address                                                    |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |     | Suite, Apt. #, etc.                                                   |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |     | City & State                                                          |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                | Zip | Country                                                               | 4. FEI Number<br><b>202918159</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |     |                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><b>HEIDT, MICHAEL<br/>4000 HOLLYWOOD BLVD., SUITE 735 SOUTH<br/>HOLLYWOOD, FL 33021</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |     |                                                                       | 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |     |                                                                       |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |     | Make check payable to<br>Florida Department of State                  |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |     | 10. ADDITIONS/CHANGES                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IMHA INVESTMENTS, INC. <input type="checkbox"/> Delete<br>3725 S. OCEAN DRIVE #707<br>HOLLYWOOD, FL 33019              |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AAA INVESTORS, INC. <input type="checkbox"/> Delete<br>999 WASHINGTON AVE.<br>MIAMI BEACH, FL 33139                    |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MANAGING PARTNER <input type="checkbox"/> Delete<br>IRVING COWAN<br>3725 S. OCEAN DRIVE #707<br>HOLLYWOOD FL 33019     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MANAGING PARTNER <input type="checkbox"/> Delete<br>RUSSELL W. CALHOUN<br>999 WASHINGTON AVE.<br>MIAMI BEACH, FL 33135 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                        |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                        |     | TITLE<br>NAME<br>STREET ADDRESS<br>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: 8/21/06 305 538 5131                                            |                                                                                   |  |