

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90027 044 ****50.00

DOCUMENT # L05000039209

1. Entity Name
BEACHES INVESTMENTS, LLC



Principal Place of Business Mailing Address
444 SEABREEZE BOULEVARD **444 SEABREEZE BOULEVARD**
SUITE 1000 **SUITE 1000**
DAYTONA BEACH, FL 32118 US **DAYTONA BEACH, FL 32118 US**

00010001



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

01222007 Chg-LLC CR2E083 (12/06)

City & State City & State 4. FEI Number APPLIED FOR 202791261 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
LICHTIGMAN, CHARLES S
444 SEABREEZE BOULEVARD,
SUITE 1000
DAYTONA BEACH, FL 32118

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, 2007

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LIGHTCO LIMITED PARTNERSHIP, A NEVADA LIMI 444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Charles S. Lichtigman* **Charles S. Lichtigman, Manager 04/23/07 (386)238-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #