

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043541

Entity Name: FJ3 BEACHHOUSE, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

10519 NW 67TH COURT
PARKLAND, FL 33076

New Principal Place of Business:

500 COTTMAN AVENUE
CHELTENHAM, PA 19012

Current Mailing Address:

10519 NW 67TH COURT
PARKLAND, FL 33076

New Mailing Address:

500 COTTMAN AVENUE
CHELTENHAM, PA 19012

FEI Number: 20-2843576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPERSIO, JOHN
10519 NW 67TH COURT
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

STAMPONE, JOSEPH P ESQ
500 COTTMAN AVENUE
CHELTENHAM, PA, FL 19046 US

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.

SIGNATURE: JOSEPH STAMPONE

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEPERSIO, JOHN
Address: 10519 NW 67TH COURT
City-St-Zip: PARKLAND, FL 33076

Title: MGRM (X) Delete
Name: STAMPONE, FREDERICK A
Address: 10519 NW 67TH COURT
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STAMPONE, JOSEPH P
Address: 500 COTTMAN AVENUE
City-St-Zip: CHELTENHAM, PA 19012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH STAMPONE

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date