

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90141 006 \*\*\*\*50.00

**DOCUMENT # L05000044682**

1. Entity Name

BEACH RESORT DEVELOPMENT, LLC



Principal Place of Business

444 SEABREEZE BOULEVARD  
SUITE 1001  
DAYTONA BEACH, FL 32118 US

Mailing Address

100 E GRANADA BLVD  
ORMOND BEACH, FL 32176 US

**60014095**



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2790734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KENNEDY, MICHAEL  
444 SEABREEZE BOULEVARD  
SUITE 1001  
DAYTONA BEACH, FL 32118

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BEACH RESORT PARTNERS, LLC
STREET ADDRESS	100 E GRANADA BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGR
NAME	21ST CENTURY GDA CLOAR BEACHES, LLC
STREET ADDRESS	444 SEABREEZE BOULEVARD, SUITE 1001
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGR
NAME	BEACHES INVESTMENTS, LLC
STREET ADDRESS	444 SEABREEZE BOULEVARD, SUITE 1001
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	MGR
NAME	BASIN STREET BEACHES RESORT, LLC
STREET ADDRESS	444 SEABREEZE BOULEVARD, SUITE 1001
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**STEVE SCHLOSSBERG 2-7-07 (386) 257-2026**

Date

Daytime Phone #