

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-03-2006 90007 042 ****50.00

DOCUMENT # L05000054123 1. Entity Name RESIDENCES WEST BEACH, LLC					
Principal Place of Business C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 2 CORAL GABLES FL 33134				Mailing Address C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BOULEVARD, SUITE 2 CORAL GABLES FL 33134	
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 N/A ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCURTIS, CONSTANTINE C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., STE 202 CORAL GABLES FL 33134			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 completing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Constantine Scurtis 3211 Ponce De Leon Blvd. #202 Coral Gables, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied herein 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: Constantine Scurtis 01/25/06 (305) 446-0010					



ATTACHMENT

30005689

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

RESIDENCES WEST BEACH, LLC
C/O NEWPORT PROPERTY VENTURES, LTD.
3211 PONCE DE LEON BOULEVARD, SUITE 202
CORAL GABLES, FL 33134

Subject: **RESIDENCES WEST BEACH, LLC**

Reference Number:

L05000054123

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314