

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90151 030 ****50.00

DOCUMENT # L05000072331					
1. Entity Name BEACH GROUP HOLDINGS, LLC					
Principal Place of Business 19901 COUNTRY CLUB DRIVE 604 AVENTURA, FL 33180 US			Mailing Address 19901 COUNTRY CLUB DRIVE 604 AVENTURA, FL 33180 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. SUITE 504		Suite, Apt. #, etc. SUITE 504			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent BENTATA, ARIEL J 19901 COUNTRY CLUB DRIVE 604 AVENTURA, FL 33180					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 504 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENTATA, ARIEL J ☐ Delete 19901 COUNTRY CLUB DRIVE, SUITE 604 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BITTON, BENJAMIN ☐ Delete 19901 COUNTRY CLUB DRIVE, SUITE 604 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, DANIEL ☐ Delete 19901 COUNTRY CLUB DRIVE, SUITE 604 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDNER, LEONARDO ☐ Delete 19901 COUNTRY CLUB DRIVE, SUITE 604 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDNER, HARRY ☐ Delete 19901 COUNTRY CLUB DRIVE, SUITE 604 AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SUITE 504				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SUITE 504				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SUITE 504				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ JAN 24/06 305-469-0154 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					