2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086143

1. Entity Name
NORTH BEACH FLATS, LLC

Principal Place of Business	Mailing Address
15476 NW 77 COURT #707 MIAMI LAKES, FL 33016	15476 NW 77 COURT #707 MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

04162008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3450140	Not Applicable

5. Certificate of Status Desired   ☑   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, OSCAR
16719 SW 54TH CT
MIRAMAR, FL 33027

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000911504
05/07/08-80043-002 143.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DELGADO BROTHERS REAL ESTATE DEVELOPMENT,I
STREET ADDRESS	15476 NW 77TH CT SUITE 705
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____   4/17/08   305-828-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #