FILED
Sep 11, 2006 8:00 am
Secretary of State

07-14-2006 90091 043 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000097270

1. Entity Name
S & P BEACH CONDOS, LLC

Principal Place of Business	Mailing Address
7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PUCCI NEW YORK, NY 10018	7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PUCCI NEW YORK, NY 10018

07072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Schulman, Wolfson, Pucci & Abruzzo	Schulman, Wolfson, Pucci & Abruzzo
Suite, Apt. #, etc. 7 West 36TH ST - FL 15	Suite, Apt. #, etc. 7 West 36TH ST - 15 FL
City & State NEW YORK NY	City & State NEW YORK NY
Zip 10018 Country	Zip 10018 Country

4. FEI Number APPLIED FOR ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGLLESE, SAVERIO
3720 SOUTH OCEAN BLVD., APT. 503
HIGHLAND BEACH, FL 33487

7. Name and Address of New Registered Agent

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 ______
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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGLIESE, SAVERIO 3720 SOUTH OCEAN BLVD., APT. 503 HIGHLAND BEACH, FL 33487	☐ 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
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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 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] 7/10/06 212-868-5781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #