


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90378 022 ****50.00

DOCUMENT # L05000097270		
1. Entity Name S & P BEACH CONDOS, LLC		

Principal Place of Business 7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PUCCI NEW YORK, NY 10018	Mailing Address 7 WEST 36TH STREET, 15TH FLOOR C/O SCHULMAN, WOLFSON, PUCCI NEW YORK, NY 10018
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60043010



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 20-5630604	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PUGLIESE, SAVERIO 3720 SOUTH OCEAN BLVD., APT. 503 HIGHLAND BEACH, FL 33487		7. Name and Address of New Registered Agent Name SAVERIO PUGLIESE Street Address (P.O. Box Number is Not Acceptable) 3720 SOUTH OCEAN BLVD - APT 503 City HIGHLAND BEACH FL Zip Code 33487	
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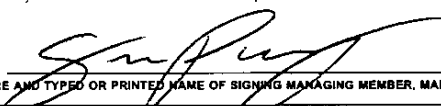
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/23/07**

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SAVERIO PUGLIESE** DATE **4/23/07** Daytime Phone #