

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90026 008 ****50.00

EPDVF0015 2/ Entity Name BEACH ROSE DEVELOPMENT LLC	
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20004243



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Principal Place of Business 241110PM01B/MTVLP211 NENUCED -QM4424	Mailing Address 241110PM01B/MTVLP211 NENUCED -QM4424
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3/ Principal Place of Business 1300 Collins Ave	4/ Mailing Address 1300 Collins Ave
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State Miami Beach - FL	City & State Miami Beach - FL
Zip 33139	Country USA

5/ FE Number Applied For	Applied For Not Applicable
6/ Certificate of Status Desired ☐	7/11 Beejupobm G11STRVJde

7/ Obn f lboelBeeft t lpgDvas ouSf hjt u f elBhf ou	8/ Obn f lboelBeeft t lpgOf x ISf hjt u f elBhf ou
SCHLESSER, MEL 1300 COLLINS AVE. SUITE 100 MIAMI BEACH, FL 33139	
Name Street Address (P.O. Box Number is Not Acceptable) City	
Zip Code GM	

9/ 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 retesting) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Nblf dlf d qbzbch up Gpsjeb Ef qbun f oupgTubf
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MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Schlosser, MEL 1300 Collins Ave. 33139 FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Leels, Arthur 215 West 83rd St - NY NY 10024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gershon, Robt 315 W 55 St, NY NY 10019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gershon, MEL 315 W 55 St, NY NY 10024 ☐ 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

22/ 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.

TJHOBUSF
TJHOBUSF BOE LZQFE PSQBZLFE OBPF PGTMOCH N BOBHJH NFNCFS- NBOHFS-IPSIBVLP PS4 FEISFQBFTFOUBUWF

Date: 1/12/06 Daytime Phone #: 305-531-3155