

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-01-2006 90036 003 *****50.00

DOCUMENT # L05000122395 1. Entity Name ADM BEACH HOUSE, LLC						5/1					
Principal Place of Business 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144				Mailing Address 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144							
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number 20-4029340				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent MACHADO, JOSE L ESQ 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144				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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and fee is applicable.</small>											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006											
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FSE INVESTMENTS, INC. 8500 SW 8TH STREET, SUITE 228 MIAMI FL 33144			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete		<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 Section 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:				4/20/06				305 2626533			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>											