2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Feb 11, 2008 08:00 AN Secretary of State **DOCUMENT # L06000006918** 1. Entity Name NORTH BEAL, LLC Principal Place of Business Mailing Address 9872 GULF BOULEVARD 9872 GULF BOULEVARD TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706 02062008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4178035 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PURTEE, GARGES & P DO NOT WRITE 9872 GULF BLVD TREASURE ISLAND, FL 33706 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 prince name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000921942 FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 02/19/08-80046-018 138.75 MANAGING MEMBERS/MANAGERS 9. TITLE **MEMB** PURTEE, GARGES NAME STREET ADDRESS 9872 GULF BLVD TREASURE ISLAND, FL 33706 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CATY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2(P TITLE NAME STREET ADDRESS CITY-ST-ZIP