2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000069740

1. Entity Name
BEACH CITIES PROPERTIES, LLC

Principal Place of Business	Mailing Address
1545 NUTMEG PLACE, SUITE 240 COSTA MESA, CA 92626	1545 NUTMEG PLACE, SUITE 240 COSTA MESA, CA 92626

DO NOT WRITE IN THIS SPACE

03042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5229246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUZUM, MARINA
14449 67TH TRAIL NORTH
PALM BEACH GARDENS, FL 33418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000869480
04/09/08-80050-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CATANZARITE, JEFFREY
STREET ADDRESS	1545 NUTMEG PLACE, SUITE 240
CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	MGRM
NAME	STROHBACH, ROBERT
STREET ADDRESS	1545 NUTMEG PLACE, SUITE 240
CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert Strohbach ROBERT STROHBACH 3-15-08 909-349-6249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #