

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007358

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** LAUDERDALE BEACH MANAGEMENT, LLC

**Current Principal Place of Business:**

545 FORT LAUDERDALE BEACH BOULEVARD  
SUITE 801  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

545 S FORT LAUDERDALE BEACH BLVD  
SUITE 801  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

545 FORT LAUDERDALE BEACH BOULEVARD  
SUITE 801  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

545 S FORT LAUDERDALE BEACH BLVD  
SUITE 801  
FORT LAUDERDALE, FL 33316

**FEI Number:** 51-0655072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZALEWSKI, LESTER  
545 SOUTH FORT LAUDERDALE BEACH BOULEVARD  
SUITE 801  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZALEWSKI, LESTER  
Address: 545 FORT LAUDERDALE BEACH BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ZALEWSKI, LESTER  
Address: 545 S FORT LAUDERDALE BEACH BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESTER ZALEWSKI

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date