

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000024867

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** BEACH TOWNHOMES INVESTORS, LLC

**Current Principal Place of Business:**

130 RIVIERA DUNES WAY #303  
PALMETTO, FL 34221

**New Principal Place of Business:**

613 TREASURE BOAT WAY  
SARASOTA, FL 34242

**Current Mailing Address:**

2134 N. 77TH CT.  
ELMWOOD PARK, IL 60707

**New Mailing Address:**

**FEI Number:** 20-8568903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEEBLES & MORIARTY, P.A.  
1111 3RD AVENUE WEST  
SUITE 210  
BRADENTON, FL 34205 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: BEACH TOWNHOMES I, L, LC  
Address: 2134 N. 77TH CT.  
City-St-Zip: ELMWOOD PARK, IL 60707

Title: MGR (X) Delete  
Name: SALAV, INC.,  
Address: 6021 MEDICI CT., UNIT 102  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** BRENDEN MORIARTY AS ATTY IN FACT

MGR

04/06/2009

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