

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032144

FILED
Apr 14, 2009
Secretary of State

Entity Name: 1ST BEACH WEALTH MANAGEMENT LLC

Current Principal Place of Business:

19725 GULF BLVD., SUITE #205
INDIAN SHORES BEACH, FL 33785

New Principal Place of Business:

19711A GULF BLVD.
SUITE A
INDIAN SHORES BEACH, FL 33785

Current Mailing Address:

19725 GULF BLVD., SUITE #205
INDIAN SHORES BEACH, FL 33785

New Mailing Address:

19711A GULF BLVD.
SUITE A
INDIAN SHORES BEACH, FL 33785

FEI Number: 26-2377215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CINELLI, NICHOLAS
19725 GULF BLVD., SUITE #205
INDIAN SHORES BEACH, FL 33785 US

Name and Address of New Registered Agent:

CINELLI, NICHOLAS T
19725 GULF BLVD., SUITE #205
INDIAN SHORES BEACH, FL 33785 US

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: NICHOLAS T. CINELLI

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CINNELLI, NICHOLAS T
Address: 19725 GULF BLVD., SUITE #205
City-St-Zip: INDIAN SHORES BEACH, FL 33785

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CINELLI, NICHOLAS T
Address: 19725 GULF BLVD., SUITE #205
City-St-Zip: INDIAN SHORES BEACH, FL 33785

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: NICHOLAS THOMAS CINELLI

PRES

04/14/2009

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