


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90012 045 ****50.00

DOCUMENT # L98000000698	
1. Entity Name THE MIAMI BEACH CLUB, L.C.	

Principal Place of Business 18305 BISCAYNE BLVD., SUITE 402 AVENTURA FL 33160	Mailing Address 18305 BISCAYNE BLVD SUITE 402 AVENTURA FL 33160
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2. Principal Place of Business 18851 NE 29th Avenue	3. Mailing Address SAME
Suite, Apt. #, etc. 901	Suite, Apt. #, etc.

City & State Aventura, FL	City & State
Zip 33180	Country U.S.



MOORE CR2E083 (11/03)

4. FEI Number 65-0924106	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA LLC 100 SE SECOND ST SUITE 2900 MIAMI FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GABRIELLA, HALE 18305 BISCAYNE BLVD #402 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gabriella Hale Gabriella Hale 4/29/04 305 931-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #