


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001791 BEACH THEATER, L.L.C. 2501 TAMiami TRAIL NORTH, SUITE 112 NAPLES FL 34103

FILED *WR 8/9*
99 AUG -5 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business 2500 Tamiami Trail No. 2500 Tamiami Trail No. Suite, Apt. #, etc. Suite #12 City & State Naples, FL. Naples, FL. Zip 34103 Country USA Zip 34103 Country USA	2a. Mailing Address 2500 Tamiami Trail No. Suite, Apt. #, etc. Suite #12 City & State Naples, FL. Zip 34103 Country USA	3. Date Organized or Qualified 09/10/1998	3a. State of Formation FL
		4. FEI Number 59-3535762	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report N/A	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent HOFFMAN, HARVEY 2501 TAMiami TRAIL NORTH, SUITE 112 NAPLES FL 34103	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2500 TAMiami TRAIL NO. Suite, Apt. #, etc. Suite #12 City Naples, FL Zip Code 34103
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HOFFMAN, HARVEY	2501 TAMiami TRAIL NORTH, 2500 Suite #12	NAPLES FL, 34103

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 8/2/99 (941) 445-5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

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BEACH THEATER, LLC
2500 TAMiami TRAIL NORTH
SUITE 112
NAPLES, FLORIDA 34103
Tel: (941) 649-5868
Fax (941) 261-1489

Harvey B. Hoffman
Managing Partner

August 2, 1999

FILED
99 AUG -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Division of Corporations
Registration Section
P.O.Box 6327
Tallahassee, Florida 32314

Gentlemen:

I have enclosed the 1999 Annual Report form (Document # L98000001791) and a check in the amount of \$188.75 made payable to the Florida Department of State.

Please note that I never received the first notice and I was told to send a check for \$188.75 plus a letter of explanation. The reason I never received the first notice is probably because your records did not include the correct address --- see corrections made on the annual report form.

Please let me know if you require any additional information.

Very truly yours,

