

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90106 009 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001791			
1. Entity Name BEACH THEATER, L.L.C.			
Principal Place of Business 6425 ESTERO BLVD. FORT MYERS BEACH FL 33931		Mailing Address 6425 ESTERO BLVD. FORT MYERS BEACH FL 33931	
2. Principal Place of Business		3. Mailing Address 4851 Tamiami Trail No.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300	
City & State		City & State Naples, FL	
Zip	Country	Zip	Country
		34103	US
6. Name and Address of Current Registered Agent HOFFMAN, HARVEY 6425 ESTERO BLVD. FORT MYERS BEACH FL 33931		7. Name and Address of New Registered Agent Name Harvey B. Hoffman Street Address (P.O. Box Number is Not Acceptable) 4851 Tamiami Trail No. Suite 300 City Naples FL Zip Code 34103	
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 DATE 7/20/02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN, HARVEY 6425 ESTERO BLVD. FORT MYERS BEACH FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Harvey B. Hoffman 4851 Tamiami Trail No. #300 Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (4/02)

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: **7/20/02 (235) 430-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #