2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900002771 1. Entity Name BEACH, LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OO JAN 12 AM 10: 47		
Principal Place of Business 7150 ESTERO BOULEYARD, UNIT 501 FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL							00)1 18801 110) 1881
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SPACE	WJH	
City & State		City & State		4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired		Not Applicable Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New R		
ALL ADDT LOCEDILE				Name			
ALLARDT, JOSEPH E 7150 ESTERO BOULEVARD, UNIT 501				Street Address (P.O. Box Number is Not Acceptable)			
FORT MYERS BEACH FL 33931							
				City FL Zip Code			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES							
9. TITLE	MANAGING MEMI	BERS/MEMBERS	10.		ADDITIONS	CHANGES	Addition 8
NAME STREET AUDRESS CITY-ST-ZIP	MGHM ALLARDT, JOSEPH E 7150 ESTERO BOULEVARD, UI FORT MYERS BEACH FL 3393	NIT 501	NAM STRE	l			month by Page 1979
TITLE THAME STREET ADDRESS CITY-ST-ZEP	, , , , , , , , , , , , , , , , , , ,	□ Delete			200003 -01/20 ******	104212 /0001039- 55.00 ****	2
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete				☐ Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Netete				Chaqu	po 🗍 Addition
TITLE NAME STREET ADDRESS CITY-ST-TIP		☐ Delista		ŀ		Chang	ge [] Addition
TITLE J NAME STREET ADDRESS CITY-ST-ZIP		C Deleta		1		☐ Chang	e Addition
11. I hereby o	pertify that the information supplied wit on this report is true and accurate an bility company or the receiver or truste	d that my signature shall have	the same	legal effect as it n	nade under oath: that I am a manac	further certify that the ging member or mana	ager of the

OR PRINTED NAME OF SIGNING MANAGER OF MANAGER DELP DELP

Daytime Phone #