## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000004544

Entity Name: SILICON BEACH VENTURE CAPITAL, L.L.C.

C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102

BOCA RATON, FL 33432

Address: City-St-Zip: FILED Jun 07, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	NO GARDENS BLVD		
STE 102 BOCA RA	TON, FL 33432		
Current Mailing Address:		New Mailing Address:	
350 CAMIN	NO GARDENS BLVD		
STE 102	TON, FL 33432		
	: 65-0935921	Number Not Applicable ( lid not receive the prior n	) Certificate of Status Desired() otice.
Name and	Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
C/O SACÉ NO.TRUS	MICHAEL D ESQ I, SAX & KLEIN, PA T PLAZA, STE 4150, 301 YAMATO ROAD TON, FL 33431 US		
	named entity submits this statement for the purpose e of Florida.	e of changing its regis	tered office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	S:
Title: Name: Address: City-St-Zip:	MGRM () Delete SA FLA I, LP, C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102 BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete HAGAR, WILLIAM D C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102 BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete CRYAN, GREGORY J C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102 BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete HANNIFAN, JOHN T C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102 BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name:	MGRM ( ) Delete MAJORVEC FIRST FAMIL, Y, LIMITED PAR T NERSHIP	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: SCOTT H. ADAMS MGRM 06/07/2005