

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004544

FILED
May 01, 2006
Secretary of State

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

Current Principal Place of Business:

350 CAMINO GARDENS BLVD
STE 102
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

350 CAMINO GARDENS BLVD
STE 102
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0935921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KARSCH, MICHAEL D ESQ
C/O SACH, SAX & KLEIN, PA
NO. TRUST PLAZA, STE 4150, 301 YAMATO ROAD
BOCA RATON, FL 33431 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SA FLA I, LP,
Address: C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HAGAR, WILLIAM D
Address: C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: CRYAN, GREGORY J
Address: C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HANNIFAN, JOHN T
Address: C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MAJORVEC FIRST FAMIL, Y, LIMITED PAR T NERSHIP
Address: C/O SHA CONS, 350 CAMINO GARDENS BLVD,#102
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: SCOTT H. ADAMS

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date