

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006301

FILED
Mar 18, 2004
Secretary of State

Entity Name: 346 BEACH PARTNERS, L.L.C.

Current Principal Place of Business:

1306 WEST KENNEDY BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1306 WEST KENNEDY BOULEVARD
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3483471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRASKE, STEPHEN B II
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: JAMES L & CECELIA D, FERMAN
Address: 1306 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: PRESTON L & LAURA F, FARRIOR
Address: 1306 W KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: STEPHEN B & JANICE F, STRASKE
Address: 1306 W KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

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

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

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 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.

SIGNATURE: STEPHEN B. STRASKE II

MGRM

03/18/2004

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