

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001937

Entity Name: LF, SOUTH BEACH, LLC

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10400 FERNWOOD RD DEPT 924.13  
BETHESADA, MD 20817

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 699  
LOUISVILLE, TN 37777

**New Mailing Address:**

FEI Number: 52-2367968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 323012525 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/MANAGERS:**

Title: MGRM  
Name: LUXURY FINANCE, LLC  
Address: 10400 FERNWOOD RD DEPT 924.13  
City-St-Zip: BETHESADA, MD 20817

Title: S  
Name: GORDON, BANCROFT S  
Address: 10400 FERNWOOD ROAD  
City-St-Zip: BETHESDA, MD 20817

Title: AS  
Name: FLOYD, LAURA L  
Address: 1965 MARRIOTT DR  
City-St-Zip: LOUISVILLE, TN 37777

Title: V  
Name: KIMBALL, KEVIN M  
Address: 10400 FERNWOOD ROAD  
City-St-Zip: BETHESDA, MD 20817

Title: MGR  
Name: COOPER, SIMON F  
Address: 10400 FERNWOOD ROAD  
City-St-Zip: BETHESDA, MD 20817

Title: VP  
Name: JORDAN, HORACE E  
Address: 10400 FERNWOOD RD  
City-St-Zip: BETHESDA, MD 20817

I hereby 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: LAURA FLOYD

AS

04/02/2010

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