## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M03000000276**

1. Entity Name BEACH VGIP, LLC



FILED Jul 28, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O SUN MANGEMENT 16 MT. EBO ROAD SOUTH BREWSTER, NY 10509 Mailing Address

C/O SUN MANGEMENT 16 MT. EBO ROAD SOUTH BREWSTER, NY 10509



07132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Nu 41-2

4. FEI Number	Applied For
41-2072619	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

CHILDERS COMMERCIAL PROPERTIES, INC. 1301 RIVERPLACE BLVD, SUITE 2101 JACKSONVILLE, FL 32-2047

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above the obligat</li> </ol>	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and ute if applicable.	(NOTE, Registored Agent signature required when reinstating)	DATE
Fil Due I	ling Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	GAMAR, PETER D	1	
STREET ADDRESS	16 MT. EBO ROAD	İ	
CITY-ST-ZIP	SOUTH BREWSTER, NY 10509		U0000374840
TITLE	MGR		U00000374840 07/28/05-80005-007 55.00
NAME	DAVIS, BARRY M	į.	
STREET ADDRESS	16 MT. EBO ROAD		
CITY-ST-ZIP	SOUTH BREWSTER, NY 10509		
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11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the earner legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusteepempowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

NAME STREET ADDRESS CITY-ST-ZIP

PETER D. GAMAR

7-19-05

845-278-2822

SIGNATURE AND TYPED OR PORTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #