2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000636

400 BEACH DRIVE, L.L.C.



Principal Place of Business

4200 WEST CYPRESS ST., STE. 444 TAMPA, FL 33607

Mailing Address

4200 WEST CYPRESS ST., STE. 444 TAMPA, FL 33607

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90026 041 ****50.00

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03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 47-0910489

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8	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.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	OPUS SOUTH DEVELOPMENT, L.L.C.
STREET ADDRESS	4200 WEST CYPRESS ST., STE. 444
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

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

3-22-06

Date

Daytime Phone #