

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90039 007 \*\*\*\*50.00

**DOCUMENT # M03000000647**

1. Entity Name  
300 BEACH DRIVE, L.L.C.



Principal Place of Business  
4200 WEST CYPRESS STREET STE. 444  
TAMPA, FL 33607

Mailing Address  
4200 WEST CYPRESS STREET STE. 444  
TAMPA, FL 33607

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**APPLIED FOR 72-1548738**

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

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME RAUENHORST, JOSEPH J  
STREET ADDRESS 1300 SAWGRASS CORPORATION PARKWAY, #144  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE P ☐ Delete  
NAME RAUENHORST, JOSEPH J  
STREET ADDRESS 1300 SAWGRASS CORPORATION PARKWAY, #144  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE MGR ☐ Delete  
NAME GREENFIELD, BARRY W  
STREET ADDRESS 4200 WEST CYPRESS STREET STE. 444  
CITY-ST-ZIP TAMPA, FL 33607

TITLE VT ☐ Delete  
NAME GREENFIELD, BARRY W  
STREET ADDRESS 4200 WEST CYPRESS STREET STE. 444  
CITY-ST-ZIP TAMPA, FL 33607

TITLE V ☐ Delete  
NAME SHAW, JERRY  
STREET ADDRESS 4200 WEST CYPRESS STREET STE. 444  
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:** *Barry Sunfield*

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

*4/23/04 (813) 877-4444*

Date Daytime Phone #