FILED May 17, 2004 8:00 am Secretary of State 04-05-2004 90497 010 ****50.00

DOCUMENT # M0300001925 1. Entity Name SATELLITE BEACH PARTNERS, LLC							- 4 0 D C C	q
Principal Place of Business Mailing Address					}		3400637	J
200 PRATT ST 200 PRATT ST				•		•		
MERIDEN, CT 06450 MERIDEN, CT 06450				ļ	•	<u>\$</u> :	•	
					THE PROPERTY IN			TIVE STATE
6 Dulindral Dia		A Mallan Address		···········				
2. Principal Pla	ace of Business	3. Mailing Address				ERIOD FEEL AND DELL DELL	3418 1814 WW (WA 1818	011001 <u>11</u> 110 <u>8</u> 1
Suite, Apt. 4	t ata	Sulta, Apt. #, etc.			4			
Same, rept. 4, Old.		33m, 14n = , 310		01062004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Numbe	f		Applied For	
= <u></u>				38-368	1880		Not Applicable	
Zip	Country	Zip Count		itry	5. Certificate of S		□ \$5.00 A	dditional
				B. Certificate	OI SIAIUS Desireu	Fee Requi	red	
	6. Name and Address of Current I	Registered Agent	٠	7. Name and Address of New Registered Agent				
	004T0N 0V0T	Name :						
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATIO	ON, FL 33324	Order Address (F. C. Son Hellings is 1101 Addeptable)						
	O.1, 12 00021					-		
				City			FL Zip C	ode
				<u> </u>				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s register	ed office or registe	ered agent, or bo	h, in the State of Flo	rida. I am familiar wi	h, and accapt
nie congan	ons or registered agont.							
SIGNATURE .	Signature, typod or printed name of registered agent a							
	prilimental Whose is business unitting on self-armised affects of	THO THE REPORCEDIE. INC.	I.F. Hebisteri	ed Agent signature require	ed without (simulates/mg)	5 TH 3 TY 1 150 SEA	DATE	Salahira Salahira
Fi Dı	ling Fee is \$50.00 ue by May 1, 2004					Mak	e check payable to Department of St	ate
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS		5 - 0.9 June 1 18
TITLE	CEI Thirestment Cor		111		· · · ·	7,521110,107	Chang	e Addition
NAME		р, ш	RAI	-				
STREET ADDRESS	200 Pratt Street		STE	REET ADDRESS				
CITY-ST-ZIP	Meriden, CT 06450		ar	Y-\$1-ZIP				
TILE		☐ Dalete	TO	ı F			☐ Chan	e Addition
NAME	137 .	,	NA	ME.				
STREET ADDRESS			STE	REET ADDRESS				
CITY-ST-ZIP	18 grand and the		αı	Y-S1-21₽				
TITLE		☐ Delete	111	LE LE			☐ Chans	e Addition
NAC				ME				
STREET ADDRESS		<i>.</i>	STI	REET ADDRESS				-
CITY-ST-ZIP	<u>-</u>		an	Y-ST-ZIP				
TITLE		Delete	П	TUE .			☐ Chan	pe Addilion
NAME	,			NATE .				
STREET ADDRESS	1		ST	REET ADDRESS				
CITY-ST-ZIP	<u> </u>		C	1Y-S1-ZIP				
TITLE		☐ Delete	TI	TLE .			☐ Chan	ge 🔲 Addition
NAME	1		N	ME				
STREET ADDRESS			SI	TREET ADDRESS				
CITY-ST-ZIP			CI	TY-ST-ZIP				
TITLE		☐ Dalete	T	TLE			Char	ge 🔲 Addition
NAME			N	VAE				-
STREET ADORESS			SI	TREET ADDRESS				
CITY-ST-ZIP			a	TY-ST-ZIP				
11. I hereby	certify that the information supplied will	h this filing does not qualify	for the e	xemption stated in	Section 119.07(3)(I), Florida Statutes	. I further certily that t	ne information
indicated	d on this report is true and accurate an ability company or the receiver or trust	d that my signature shall hav	ve the sa	me legal effect as i	i made under oa	th; that I am a mana	ging member or mar	ager of the
	D	TO STOREST OF COLUMN BARROOM BI		_J.oquilos Of Olk	_p.p. 000, 1704lU			
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SIGNAT	THE WALL	1168				JUY A	ひつ はつ トニ	וֹ סוו כ