

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90184 047 ****55.00

DOCUMENT # M03000003560

1. Entity Name

BEAM MANAGEMENT, L.L.C.



Principal Place of Business

**1435 E. PIEDMONT DRIVE, SUITE 214
TALLAHASSEE FL 32308**

Mailing Address

**1435 E. PIEDMONT DRIVE, SUITE 214
TALLAHASSEE FL 32308**

2. Principal Place of Business

DAUMAR

Suite, Apt. #, etc.

3. Mailing Address

ELLIOT BARUCH

Suite, Apt. #, etc.

4822 OCEAN BLVD.

APT 9C

SARASOTA, FLA.

34242 USA

USA



MOORE

CR2E083 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCKIBBEN, R. BRUCE, JR.
1435 E. PIEDMONT DR. SUITE 214
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

ELLIOT BARUCH

Street Address (P.O. Box Number is Not Acceptable)

4822 OCEAN BLVD.

APT. 9C

SARASOTA

FL

Zip Code

34242

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

Elliot Baruch

ELLIOT BARUCH

3/8/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BARUCH, ELLIOT**
STREET ADDRESS **32 OVERLOOK RIDGE**
CITY-ST-ZIP **OAKLAND NJ 07436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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TITLE ☐ Change ☐ Addition
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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:

Elliot Baruch **ELLIOT BARUCH**

3/8/04

917-597-

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

Date

Daytime Phone #

1734