

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000458

FILED
Apr 28, 2010
Secretary of State

Entity Name: AG BEAUMONT MANAGER, LLC

Current Principal Place of Business:

C/O ADLER GROUP, INC.
1400 NW 107 AVENUE, 5TH FLOOR
MIAMI, FL 33172

New Principal Place of Business:

1400 NW 107 AVENUE, 5TH FLOOR
5TH FLOOR
MIAMI, FL 33172

Current Mailing Address:

C/O ADLER GROUP, INC.
1400 NW 107 AVENUE, 5TH FLOOR
MIAMI, FL 33172

New Mailing Address:

1400 NW 107 AVENUE, 5TH FLOOR
5TH FLOOR
MIAMI, FL 33172

FEI Number: 20-0702285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ADLER GROUP 1031, LLC
Address: 1400 NW 107 AVENUE, 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: P
Name: ADLER, MICHAEL M
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: EVP
Name: HARRIS, BRETT W
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: EVP
Name: ADLER, MATTHEW L
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: S
Name: ADLER, LINDA K
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: VP/T
Name: SMITHER, ROBERT
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHEAL M. ADLER

P

04/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date