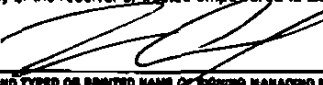


Apr. 18. 2005 5:07PM

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90022 046 ****50.00

DOCUMENT # M04000002101			
1. Entity Name AG BEAUMONT 3, LLC			
Principal Place of Business C/O HIRSCHLER FLEISCHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219		Mailing Address C/O HIRSCHLER FLEISCHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	
2. Principal Place of Business 1400 NW 107 Avenue Suite, Apt. #, etc. 4th Floor City & State Miami, FL Zip 33172 Country USA		3. Mailing Address 1400 NW 107 Avenue Suite, Apt. #, etc. 4th Floor City & State Miami, FL Zip 33172 Country USA	
04152005 Chg-LLC CR2E083 (10/03)			
4. FBI Number Not Applicable		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. 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	
9. 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 reappointing) DATE _____			
Filing Fee is \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOL PROPERTIES, LLC 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 112 Silver Shoals Drive Pismo Beach, CA 93449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		MONTE COOL 7-18-05 805440-4292	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	