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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90021 004 ****50.00

DOCUMENT # M04000002710

1. Entity Name
AG BEAUMONT 11, LLC

20056297

Principal Place of Business	Mailing Address
C/O HIRSCHLER FLEISCHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	C/O HIRSCHLER FLEISCHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219

04152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1400 NW 107 Avenue		1400 NW 107 Avenue	
Suite, Apt. #, etc.: 4th Floor		Suite, Apt. #, etc.: 4th Floor	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

4. FEI Number: Not Applicable ☐ 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEGRETE, MARIA L 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11246 Cambridge Street Riverside, CA 92503	☐ 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)(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: Maria Negrete 4-26-05 951 218 1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #