Apr. 18. 2005 5:12PM

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90021 002 ****50.00

DOCUMENT # M04000002815

1. Entity Name
AG BEAUMONT 9, LLC

Principal Place of Business	Mailing Address
C/O HERSCHLER FLEICHER 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	C/O HERSCHLER FLEICHER 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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 THOMAS FAMILY TRUST 701 E. BYRD STREET, 15TH FLOOR RICHMOND, VA 23219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1929 Summerland Street Ranchos Palos Verdes, CA 90275	☒ 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
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.

Jack Thomas, Trustee

SIGNATURE: Jack Thomas 4/18/05 (310) 548-0461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #