


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90045 002 ****50.00

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| DOCUMENT # M04000003362 |  |
| 1. Entity Name SOUTH BEACH MANAGER, L.L.C. | |

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|--|--|
| Principal Place of Business 36400 WOODWARD AVENUE, STE. 118 BLOOMFIELD HILLS, MI 48304 | Mailing Address 36400 WOODWARD AVENUE, STE. 118 BLOOMFIELD HILLS, MI 48304 |
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|---|--|--------------------|----------------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, 222 Merrill Street, Suite 100 Birmingham, MI 48009-6147 | Suite 222 Merrill Street, Suite 100 Birmingham, MI 48009-6147 | | |
| City & _____ | City _____ | | |
| Zip _____ | Country _____ | Zip _____ | Country _____ |



04282006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-1492230 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCINTOSH, ANDREW L 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FALOR, ROBERT 8609 W. BAYVIEW AVE., STE. 209 CHICAGO, IL 60631 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500 South Dearborn Chicago IL 60605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MSD INVESTMENTS, LLC 222 MERRILL ST, STE 100 BIRMINGHAM, MI 480096147 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | I <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GEORGEY L. HOCKMAN** **04-28-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **2006-05-07**