File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

,	4000AL R 199				cretary of OF COR	State PORATION	ıs		QR M		AM 9: 49
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									, , , , , , , , , , , , , , , , , , ,	an -b	Art 9: 49
1. Name of Limi	and Mailing Addited Liability Cor	dress mpany	DOCUMENT	# _{м96}	# M96000000519 BEACH, LTD., L.L.C			1a. PMclpal Place of Business Address			
	8534 EA CINCINN				8534 EAST KEMPER ROAD CINCINNATI OH 45249						
2. Principal Place of Business 2a. Malli			ing Address				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc. Suite			Suite, Ap	Apt. #, etc.				12/23/1996 OH 4. FEI Number Applied For			
City & State			City & St	City & State				31-1472216 Not Applicable			
Zip		Country	Žip		Count	гу		5. Date of Last I	i		cate of Status Desired
	7. Name	and Address	of Current Registered	Agent	I	T	8. N	<u>03/21/1</u> lame and Addres		tered Age	nt/Office
2300 BOCA 9. Pursua its register	RATON	Street Address (P.O. Box Suite, Apt. #, etc. City Florida Statutes, the above-named limited liability or ida. Such change was authorized by affirmative vote of			iability company s	Zip Code FL Typ Code Ty					
SIGNATURE								!	DATE		
10. Title Managing Members/Managers				Business Street Address			City, State			Zip Code	
İ	BECK, LOUIS S YEAGGY, HARRY			2300 CORPORATE BLV. 8534 E. KEMPER ROA			<u></u> D	BOCA RATON FL CINCINNATI OH 1000245464503/12/9801007001 *****188.75			
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER