

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 010 ****50.00

DOCUMENT # M98000000947

1. Entity Name
SOUTH BEACH TRISTAR CAPITAL, LLC



Principal Place of Business

C/O DAVID EDELSTEIN
590 MADISON AVE 21ST FLR SUTTON EAST
NEW YORK, NY 10022

Mailing Address

2665 SOUTH BAYSHORE DR.
SUITE 1002
MIAMI, FL 33133

24002041



08132004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4020454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, ELLEN
ONE S.E. THIRD AVE
STE 2400
MIAMI, FL 33135

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IN THIS SPACE

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINCOLNSTAR CAPITAL, LLC
STREET ADDRESS	C/O DAVID 590 MADISON AVE 21ST FLR.
CITY-ST-ZIP	NEW YORK, NY 10022

TITLE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David Edelstein
8/17/04 (212)-521-4488