

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90072 014 ****50.00

DOCUMENT # M98000001280

1. Entity Name
LAUDERDALE BEACH HOTEL, LLC



Principal Place of Business
101 SOUTH ATLANTIC BLVD.
FT. LAUDERDALE, FL 33316

Mailing Address
203 EAST BALTIMORE PIKE
MEDIA, PA 19063



08302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0870669	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KALIS, NEAL
7320 GRIFFIN RD., SUITE 109
DAVIE, FL 33314

**DO NOT WRITE
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR STRINE, WALTER M JR. 203 E. BALTIMORE PK MEDIA, PA 19063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRINE, WILLIAM B 203 E. BALTIMORE PK MEDIA, PA 19063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUELLER, WILLIAM L 240 WEST ROUTE 38 MOORESTOWN, NJ 08057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

9/03/04

Date

610-565-9000

Daytime Phone #