2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURÉ:

Mar 24, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000122153 BEACH CLUB U.S. GENERAL PARTNER, INC. Principal Place of Business Mailing Address C/O HARRIS CRAMER LLP C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Surie, Api. #, etc. 01052006 CR2E034 (11/05) Chg-P Applied Far City & State City & State 4. FEI Number 05-1660935 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Harris Craner IIP CRAMER, HARRIS LLP 1555 PALM BEACH LAKES BLVD STE 310 Street Address (P.O. Box Number is Not Acceptable) 1555 Palim Beach Lakes Boulevard WEST PALM BEACH, FL 33401 Suite 310 West Palm Beach 33401 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 Tam familiar with, and accept the obligations of registered agent. Harris Cramer IIP by Daryl Cramer & Associates, P.A., **The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Tam familiar with, and accept the obligations of registered agent. Partner, by Daryl B. Cramer, President 3/6/06 SIGNATURE. Signature, typed or print (NUTE. Registered Agent signature required when reinstating) name of recistored agent and fife it epolicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ITLE ☐ Dolete ☐ Change Addition UQQQQQU480164 LUCCHESE, FABRIZIO NAME NAME 04/10/06-80033-005 158.75 STREET ADDRESS 105 W BEAVER CREEK, UNITS 9&10 STREET ADDRESS CITY-ST-ZIP RICHMOND HILLS, CANADA, 145 1c6 CITY-ST-ZIP 1071 F Delete 3)3) F ☐ Change ☐ Addition MYERS, WILLIAM P NAME NAME STREET ADDRESS 105 W BEAVER CREEK, UNITS 9&10 STRLET ADDRESS GITY-ST-ZIP RICHMOND HILL, CANADA, 146 1c6 CHY-ST-ZIP 717LE □ Delete BILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-S7-7(P City-ST-ZiP TITLE □ Defete ☐ Addition MAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171.F ⊐ Defete TITLE ☐ Addition T) Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-ZIP TITLE Defete TITLE 📑 Change 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

NTED HAME OF SIGHING OFFICER OR DIRECTOR

FILED

905-882-1212

Devtime Phone #