

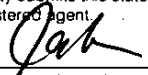
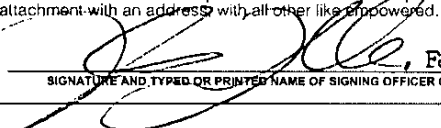


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90411 032 \*\*\*158.75

<b>DOCUMENT # P02000122153</b> 1. Entity Name <b>BEACH CLUB U.S. GENERAL PARTNER, INC.</b>						
Principal Place of Business <b>C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State  Zip		City & State  Zip		02052007    Chg-P    CR2E034 (12/06)		
4. FEI Number <b>05-1660935</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CRAMER, HARRIS LLP 1555 PALM BEACH LAKES BLVD STE 310 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Harris Cramer LLP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 Palm Beach Lakes Blvd.</b> Suite 310 City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>			
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:  <b>Harris Cramer LLP by Daryl Cramer &amp; Associates, P.A., Partner, by Daryl B. Cramer, President</b> <b>3/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUCCHESI, FABRIZIO</b> <b>105 W BEAVER CREEK, UNITS 9&amp;10</b> <b>RICHMOND HILLS, CANADA, I4b 1c6</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, T</b> <b>Lucchese, Fabrizio</b> <b>105 W. Beaver Creek, Units 9 &amp; 10</b> <b>Richmond Hill, Canada, L4B 1C6</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, WILLIAM P</b> <b>105 W BEAVER CREEK, UNITS 9&amp;10</b> <b>RICHMOND HILL, CANADA, I4b 1c6</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP, S</b> <b>Myers, William P.</b> <b>105 W. Beaver Creek, Units 9 &amp; 10</b> <b>Richmond Hill, Canada L4B 1C6</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 changed, or on an attachment with an address with all other like empowered.						
SIGNATURE:  <b>Fabrizio Lucchese</b>			<b>March 6 07</b>		<b>905-882-1212</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	