


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 015 ***158.75

DOCUMENT # P35185					
1. Entity Name THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPORATED					
Principal Place of Business C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401 US			Mailing Address C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04082008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0652834	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAMER,LLP, HARRIS 1555 PALM BEACH LAKES BLVD. SUITE 310 WEST PALM BEACH, FL 33401			Name Harris Cramer LLP		
			Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd.		
			Suite 310		
			City West Palm Beach		FL
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. Harris Cramer LLP by Daryl Cramer & Associates, P.A., its Partner By: Daryl B. Cramer, President <i>4/21/08</i>					
SIGNATURE: <i>[Signature]</i>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, WILLIAM P.	NAME			
STREET ADDRESS	105 WEST BEAVER CREEK, UNIT 9&10	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CA 14b 1c6	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUCCHESI, FABRIZIO	NAME			
STREET ADDRESS	105 WEST BEAVER CREEK, UNIT 9&10	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CA 14b 1c6	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 employees.					
SIGNATURE: <i>[Signature]</i>		, Fabrizio Lucchese		4-22-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	
				905-882-1212	