2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P97000006362

1. Entity Name SOUTH BEACH GRILL, INC.



Principal Place of Business

45 CUBBEDGE ROAD

SAINT AUGUSTINE, FL 32080

Mailing Address

45 CUBBEDGE ROAD

SAINT AUGUSTINE, FL 32080

FILED Mar 13, 2006 08:00 AM **Secretary of State**



03082006

No Chg-P

CR2E034 (11/05)

4. FE! Number 59-3422650

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MCLEMORE, THEODORE 45 CUBBEDGE ROAD SAINT AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

5. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered	i office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registored agent and title	Wanterston Bullet Davids		a recuired when reinstalling)	
	опрившите, туров от разлош пента и годино со вдега вите вия	a apprenie (NOTE Pregistere)	ngent signatur	required when reinstating?	DAYE
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
INLE	PD				
NAME	MCLEMORE, THEODORE W	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS	1 N TRIDENT PLACE	1			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	· •			
TITLE	SVTD				
NAME	DOERING, JOHN	8			
STREET ADDRESS	1085 CEDAR COVE DRIVE	1			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	. 1			<u> </u>
TITLE					03/22/06-80050-018 150.00
NASAE					
STREET ADDRESS				D0	MOT MOITE
CATY-ST-ZIP				DO	NOT WRITE
mile				721 -	FLUC CDACE
NAME				IN	THIS SPACE
STREET ADDRESS		1			
CITY-ST-ZIP		1			
TITLE					
NAME		1			
STREET ADDRESS		1			
CITY-ST-ZIP	•				
TITLE					
NAME					
STREET ADDRESS		ŧ			
CITY-ST-ZIP		1			

12. Thereby certify that the information supplied with this filling 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 approvered.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR