DOCUMENT # Z00118 1. Entity Name SOUTH BEACH DESIGN, L.C.						. FILED			
						01 APR 11 AM 8:39			
Principal Plac	on of Business		Acilina Addrone		<u> </u>	SECRETA	RY OF STATE	<u>.</u>	
Principal Place of Business Mailing Address						IALLAHAS	SEE. FLORID	JΑ	
1604 MICHIGAN AVE UNIT NO. 1 UNIT NO. 1									
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139							e Afhan mikin Afhan Ankti Ar	INII 81811 1981	
2. Principal Place of Business 1501 (AIAIS DR. 1501 (AIAIS DR.					,		I ALBIY BIBI DIDIL BIBII DI	IBIK BYBYI IBBI	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
Miami Beach FL City & State Beach,					4. FEI Number Applied For Not Applicable				
33141-		y 3.		Country	5. Ce	rtificate of Status Desired [\$5.00 Add		
	6. Name and Add	ress of Current Regis	stered Agent		7. Na	me and Address of New Regis	tered Agent		
				Name	<u> </u>				
					ddress (P.O. Box	Number is Not Acceptable)	-		
505 LINCOLN RD MIAMI BEACH FL 33139						<u></u>			
MIAMI DE/	40H FL 33139			City	<u></u>	<u> </u>	FL Zip Cod	e	
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.									
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed ha	ne or registered agent and title	ii applicable. (NOTE: Heg	Jisteraci Walif siAust	are required when rema	T	DATE		
				!!! FEE IS \$			•		
•			Make Check Payab	le to Depart	ment of State				
9.	MA	NAGING MEMBERS/I	MEMBERS	10.		ADDITIONS/CHA	ANGES		
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NAME	MACDONALD, JOH			NAME CTREET ADDRESS	MACDON	ALD, JOHANNE ars Drive			
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STREET ADDRESS	1604 MICHIGAN AV			STREET ADDRESS CITY-ST-ZIP	1501 Ca	each, FL 33141	3500		
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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.									

305-864-6744 305-864-6744

SIGNATURE: 3-28-01
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Doi: