2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # F00000003819** BRIGGS OF BEACH PLACE, INC. Principal Place of Business Mailing Address 761 METAIRIE ROAD, SUITE 2A-302 701 METAIRIE ROAD, SUITE 2A-302 METAIRIE, LA 70005 METAIRIE, LA 70005 01132005 __ No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1475723 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 typed or printed name of registered agent and title Lapplicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD HILL BRIGGS, DAVID A JR. NAME U00000321862 STREET ADDRESS 701 METAIRIE ROAD, SUITE 2A-302 04/21/05-80095-007 150.00 CHY SI-ZIP METAIRIE, LA 70005 ST LIFLE DRAGO, DANNY NAME STREET ADDRESS. 701 METAIRIE ROAD, SUITE 2A-302 CITY ST ZIP METAIRIE, LA 70005 HILE STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE NAME STREET ADDRESS

12. 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 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 attachmont with an address, with all other like empowered

SIGNATURE: .

CITY ST-ZIP NITLE NAME STREET ADDRESS CITY ST ZIP HILE NAME STREET ADDRESS CITY SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED