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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 FEB -7 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003573	
1. Entity Name BEACON HOLDINGS, L.L.C.	

Principal Place of Business 300 SOUTH PARK RD. HOLLYWOOD, FL 33021	Mailing Address 300 SOUTH PARK RD. HOLLYWOOD, FL 33021
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01182005 Chg-LLC CR2E083 (10/03) *MRS*

4. FEI Number 59-3651552	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
COHEN, GERALD M 300 SOUTH PARK RD. HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME SCOTT, STEVEN M M.D.	
STREET ADDRESS 2828 CROASDAILE DR.	
CITY-ST-ZIP DURHAM, NC 277052430	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Steven M. Scott, M.D.	
STREET ADDRESS 2828 Croasdaile Dr	
CITY-ST-ZIP Durham, NC 27705	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Anita S. Wegner	
STREET ADDRESS 2828 Croasdaile Dr	
CITY-ST-ZIP Durham, NC 27705	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Felicia King	
STREET ADDRESS 300 South Park Rd	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Anita S Wegner* **Anita S. Wegner, Sec 01/20/05 919-425-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #