


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L00000009368**

1. Entity Name  
**BEACON OFFICE ASSOCIATES, LLC**



Principal Place of Business <b>5601 CORPORATE WAY, STE. 404          WEST PALM BEACH, FL 33407</b>	Mailing Address <b>5601 CORPORATE WAY, STE. 404          WEST PALM BEACH, FL 33407</b>
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-1029438</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WAXMAN, BRIAN K  
 5601 CORPORATE WAY, STE. 404  
 WEST PALM BEACH, FL 33407**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

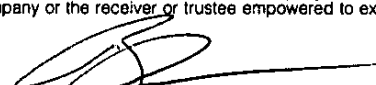
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAXMAN, BRIAN K 5601 CORPORATE WAY, STE. 404 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRIGO, ARTHUR P JR 5601 CORPORATE WAY, STE. 404 WEST PALM BEACH, FL 33407
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**DO NOT WRITE IN THIS SPACE**

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 02/06/07-80053-008 50.00

11. 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 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:**       **1/29/07**      **(561) 687-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #