

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000045122

Entity Name: BEACON TREMONT LLC

Current Principal Place of Business:

815 NE 82 ST
MIAMI, FL 33138

Current Mailing Address:

PO BOX 530382
MIAMI, FL 33150

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEWS, CHARLES P
815 NE 82 ST
MIAMI, FL 33138 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name MATTHEWS, CHARLES P
Address 815 NE 82 ST
City-State-Zip: MIAMI FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES P MATTHEWS

MGRM

04/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date