

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # A97000000058**1. Entity Name
BEACON HILL, LTD.**Principal Place of Business**

912 N HIGHLAND AVENUE

ORLANDO
32803

FL

Mailing Address

912 N HIGHLAND AVENUE

ORLANDO
32803

FL

2. Principal Place of Business

1637 E VINE STREET

Suite, Apt. #, etc.

SUITE E

3. Mailing Address

1637 E VINE STREET

Suite, Apt. #, etc.

SUITE E

City & State

KISSIMMEE

FL

City & State

KISSIMMEE

FL

Zip

Country

34744

Zip

Country

34744

4. FEI Number**59-3418229**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BASQUE JAMES F**
1637 EAST VINE STREET, SUITE E**KISSIMMEE FL**
34744 US**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/18/2001

DATE

9. Capital Contributionsas Shown on record. **5,336,220.00****10. Amount of Capital Contributions**in FLORIDA to date. **5,336,220.00****11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION****DOCUMENT #**
NAME **BEACON HILL, INC.**
STREET ADDRESS **1637 EAST VINE STREET, SUITE E**
CITY-ST-ZIP **KISSIMMEE FL 34744****DOCUMENT #**
NAME
STREET ADDRESS
CITY-ST-ZIP**DOCUMENT #**
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NAME
STREET ADDRESS
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**SIGNATURE: KENNETH JONES**

V

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)