

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011108 1/1

FILE  
SECRETARY L  
DIVISION OF CORPORATIONS  
00 APR 17 AM 11:43

**DOCUMENT # B97000000132**

1. Entity Name  
**BEACON VENTURE MANAGEMENT LIMITED PARTNERSHIP**

Principal Place of Business <b>786 STERLING CHASE DR. PORT ORANGE FL 32124</b>	Mailing Address <b>786 STERLING CHASE DR. PORT ORANGE FL 32124-6996</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3111656**

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # <b>F97000001207</b>	NAME <b>BEACON VENTURE MANAGEMENT CORP. II</b>
STREET ADDRESS <b>786 STERLING CHASE DR</b>	
CITY - ST - ZIP <b>PORT ORANGE FL 32124</b>	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	<b>000003239090--B</b>
STREET ADDRESS	<b>-05/03/00--01160--007</b>
CITY - ST - ZIP	<b>****141.25 ****141.25</b>

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: FRANK V. VOLPE JR.** **11 Apr 00** **904 - 322-6982**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)