

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012418 AF

DOCUMENT # B97000000132

1. Entity Name

BEACON VENTURE MANAGEMENT LIMITED PARTNERSHIP

Principal Place of Business

786 STERLING CHASE DR.  
PORT ORANGE FL 32124

Mailing Address

786 STERLING CHASE DR.  
PORT ORANGE FL 32124

FILED  
01 MAR 15 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

78 Emerald Oaks Lane  
Suite, Apt. #, etc.

3. Mailing Address

78 Emerald Oaks Lane  
Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

04-3111656

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

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

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

(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.

\$0.00

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

78 Emerald Oaks Lane

CITY-ST-ZIP

Ormond Beach, FL 32174

STREET ADDRESS

CITY-ST-ZIP

100003888241--0  
-03/20/01-01057-014

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

13 Mar. 01 386 - 621-7815

CR2E003 (11/00)