



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|---|---|---|--|--------------------------------------|
| DOCUMENT # B97000000132 1. Entity Name BEACON VENTURE MANAGEMENT LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 78 EMERALD OAKS LANE ORMOND BEACH, FL 32174 | | | Mailing Address 78 EMERALD OAKS LANE ORMOND BEACH, FL 32174 | | |
| 2. Principal Place of Business Suite, Apt #, etc | | 3. Mailing Address Suite, Apt. #, etc. | |  02042004 Chg-LP CR2E003 (10/03) | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | | |
| 4. FEI Number 04-3111656 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$0.00 | | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | F97000001207 BEACON VENTURE MANAGEMENT CORP. II 78 EMERALD OAKS LANE ORMOND BEACH, FL 32174 | | STREET ADDRESS CITY-ST-ZIP | 000000082713 03/10/04-90009-004 141.25 | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | Date: 9.2.04 | | Daytime Phone #: 386.674.7815 |

STAPLE CHECK HERE