
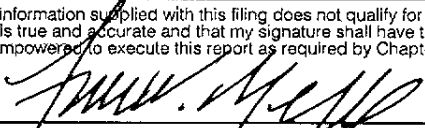


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 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		3. Mailing Address			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State —		City & State —			
Zip —	Country —	Zip —	Country —	4. FEI Number 04-3111656	
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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record, \$0.00		10. Amount of Capital Contributions in FLORIDA to date, 0.00		141.25	
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 # F97000001207	NAME BEACON VENTURE MANAGEMENT CORP. II		STREET ADDRESS	U00000366038 05/11/05-80026-019 141.25	
STREET ADDRESS 78 EMERALD OAKS LANE	CITY-ST-ZIP ORMOND BEACH, FL 32174		CITY-ST-ZIP		
DOCUMENT # 	NAME 		STREET ADDRESS		
STREET ADDRESS 	CITY-ST-ZIP 		CITY-ST-ZIP		
DOCUMENT # 	NAME 		STREET ADDRESS		
STREET ADDRESS 	CITY-ST-ZIP 		CITY-ST-ZIP		
DOCUMENT # 	NAME 		STREET ADDRESS		
STREET ADDRESS 	CITY-ST-ZIP 		CITY-ST-ZIP		
DOCUMENT # 	NAME 		STREET ADDRESS		
STREET ADDRESS 	CITY-ST-ZIP 		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)(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: 			29.04.05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
			386.671.7815		
			<small>Daytime Phone #</small>		

STAPLE CHECK HERE