FILED 2003 FOR PROFIT CORPORATION Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F01000003437 04-25-2003 90215 006 ***158.75 1. Entity Name BEACON OWNER CORP. Principal Place of Business Mailing Address 11015745 C/O FALCON REAL ESTATE INVESTMENTS CO 144911 QUERUM DR SUITE 155-570 LEXINGTON AVE 32ND FLOOR DALLAS TX 75254 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address CLO FALCON REAL ESTATE FAU. CO. LTD Wo FALCON REAL ESTATE JUV. Co. LTD. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 570 LEVENGTON AVE. 14911 QUORUM DRIVE City & State City & State 4. FEI Number Applied For 52-2339618 DALLAS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 10022 USA 752<u>54</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERVECE C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 STREET TALLAHASSEE 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. Cynthia L. Harris as its agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME HALLENGREN, HOWARD E NAME STREET ADDRESS STREET ADDRESS 570 LEXINGTON AVE., 32ND FLOOR CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition **VS** ☐ Change NAME NAME MILLER, JACK D STREET ADDRESS STREET ADDRESS 570 LEXINGTON AVE: 32ND FLOOR CITY-ST-7/P CITY-ST-ZIP NEW YORK NY 10022 TITLE Delete Change ☐ Addition NAME HACKETT, KEVIN R ESQ. STREET ADDRESS STREET ADDRESS 599 LEXINGTON AVE., SUITE 2205 CITY - ST- ZIP CiTY-ST-ZIP NEW YORK NY 10022 Delete TITLE Change NAME SWEENEY, SCOTT STREET ADDRESS STREET ADDRESS 16855 W. BERNARDO DRIVE, SUITE 320 CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92127 Delete TITI F ☐ Change ☐ Addition NAME NAME MOREIRA, ROBERT STREET ADDRESS 2977 MCFARLANE ROAD, SUITE 303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE VILE PRESIDENT ☐ Delete TITLE **Addition** NAME NAME DAVID A.HILL STREET ADDRESS STREET ADDRESS 14911 QUORUM DRIVE, SUITE 155 CITY-ST-7IP CITY-ST-7IP 75254 -1486 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

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