

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002018 1. Entity Name NGP BEACON STATION MIAMI, INC.	
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Principal Place of Business 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102	Mailing Address 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1624661	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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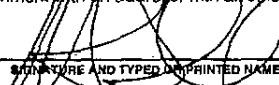
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VAHABZADEH, ALEX 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IUDICELLO, AL 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPIKERMEN, RICHARD 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMAR, RICK 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'SHEA, TIMOTHY 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WATSON, ELIZABETH 1650 TYSONS BLVD., SUITE 950 MCLEAN, VA 22102

U00000364442
05/06/05-80045-001 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or 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: 	Al Iudicello	703-748-7440	May 2, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #