2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004442

Name:

Address:

City-St-Zip:

Entity Name: BEACON SQUARE, L.L.C.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 245 RIVERSIDE AVENUE, SUITE 500 ATTN. LEGAL DEPT JACKSONVILLE, FL 32202 FEI Number Applied For () FEI Number: 59-3641248 FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARX, CHRISTINE M 245 RÍVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition REGAN, MICHAEL N Name: Name: Address: 245 RIVERSIDE AVENUE, SUITE 500 Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: SLAPPEY, BRADFORD A Name: Address: 245 RIVERSIDE AVENUE, SUITE 500 Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition HERRING, FRANK W JR SOLOMON, STEPHEN W Name: Name: 4901 VINELAND ROAD, SUITE 200 245 RIVERSIDE AVENUE SUITE 500 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: MGR () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

DALY, MICHAEL J JR

JACKSONVILLE, FL 32202

245 RIVERSIDE AVENU SUITE 500

SIGNATURE: MICHAEL N. REGAN MGR 04/21/2005