

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90114 025 \*\*\*\*50.00

DOCUMENT # L00000009368

1. Entity Name

BEACON OFFICE ASSOCIATES, LLC



Principal Place of Business

5601 CORPORATE WAY, STE. 404  
WEST PALM BEACH, FL 33407

Mailing Address

5601 CORPORATE WAY, STE. 404  
WEST PALM BEACH, FL 33407



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1029438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K  
5601 CORPORATE WAY, STE. 404  
WEST PALM BEACH, FL 33407

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WAXMAN, BRIAN K  
STREET ADDRESS 5601 CORPORATE WAY, STE. 404  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE MGRM  
NAME FRIGO, ARTHUR P JR  
STREET ADDRESS 5601 CORPORATE WAY, STE. 404  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 is true and accurate and that my 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/05 (561) 681-5800