

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90343 049 ****55.00

DOCUMENT # L01000008496

1. Entity Name
BEACON HILL GROUP, LLC

Principal Place of Business
**515 LAKE AVE.
 ORLANDO FL 32801**

Mailing Address
**515 LAKE AVE.
 ORLANDO FL 32801**

2. Principal Place of Business
1019 Lancaster Dr.

3. Mailing Address
1019 Lancaster Dr.

City & State
Orlando, FL.

City & State
Orlando, FL.

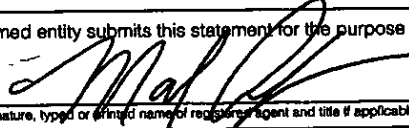
4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANGELO, MARK R
 515 LAKE AVE.
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent
 Name **MARK ANGELO**
 Street Address (P.O. Box Number is Not Acceptable) **1019 Lancaster Dr.**
 City **Orlando** FL Zip Code **32806**

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.

SIGNATURE  DATE **4/17/02**
 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

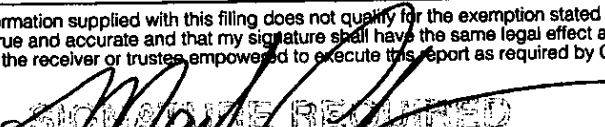
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGELO, MARK R 515 LAKE AVE. ORLANDO FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEXLER, GEOFFREY 5301 SPRING RUN AVE. ORLANDO FL 32819	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:  DATE **4/17/02** Daytime Phone # **321-374107**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE