## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 10, 2005 08:00 AM Secretary of State DOCUMENT # L02000005896 BEACON PROPERTIES.LLC Mailing Address Principal Place of Business 309 MAIN ST. 309 MAIN ST. PEORIA, IL 61602 PEORIA, IL 61602 US\_ US CR2E083 (10/03) 01042005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3646513 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE LEITER, THOMAS E 200 WHEELER RD. PO 1833 IN THIS SPACE BOCA GRANDE, FL 33921 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) U00000176105 Filing Fee is \$50.00 Due by May 1, 2005 01/10/05-80077-014 |50.00 MANAGING MEMBERS/MANAGERS 9. MGR LEITER, THOMAS E NAME STREET ADDRESS 309A MAIN ST. CITY-ST-ZIP **PEORIA, IL 61602** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

Thomas E. Leiter, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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