

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90031 016 \*\*\*\*55.00

**DOCUMENT # L02000005896**

1. Entity Name  
**BEACON PROPERTIES, LLC**



Principal Place of Business

**309 MAIN ST.**

**A**  
**PEORIA, IL 61602 US**

Mailing Address

**309 MAIN ST.**

**A**  
**PEORIA, IL 61602 US**

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03272007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number  
**38-3646513**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEITER, THOMAS E**  
**200 WHEELER RD.**  
**PO 1833**  
**BOCA GRANDE, FL 33921**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**LEITER, THOMAS E**  
**309A MAIN ST.**  
**PEORIA, IL 61602**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 exemptions contained in Chapter 119, 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 #

*Thomas E. Leiter*  
**Thomas E. Leiter**  
**Mgr.**  
**4-9-2007** **(309) 673-2922**