2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # L02000015364 1. Entity Name THE BEACON AT BRICKELL VILLAGE, L.L.C.									04-29-	2004 9000	51 043 ***	*50.00	
Principal Place of Business 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133				Mailing Address 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133				24058979					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01062004	Chg-LLC	CR2E	(10/03)		
City & State				City & State			4. FEI Numbe 54-208			<u> </u>	plied For t Applicable		
Zip				Zíp	Cour	_ 			of Status Desire		\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					
QUESADA, G. FRANK ESQ 1313 PONCE DE LEON BLVD STE. 200 CORAL GABLES, FL 33134							Name Pasquale Kenzi Street Address (P.O. Box Number is Not Acceptable)						
							52	<1.)	77 m	ANTO	#101		
				City			M	15W 27th Ave #101					
8. The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)									h, in the State o	f Florida. I ar	n familiar with,	and accept	
	iling Fee is \$ ue by May 1,									Make check rida Depart	payable to ment of State	9	
9. MANAGING MEMBE				RS/MANAGERS	10.).			ADDITIO	NS/CHANGE	S		
TITLE NAME STREET ADDRESS	P RENZI, RENZ 3052 SW 27 A			Delete	TITL NAM STR		309	zi Holdi 62 5N	ay Ave	± 101	☐ Change	Addition	
CITY-ST-ZIP	MIAMI, FL 33	133			CIT	-ST-ZIP	MIC	mi III.	33133				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENZI, PASQ 3052 SW 27 A MIAMI, FL 33	VE 101		Q Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,		☐ Delete							Change	Addition	
TITLE	,	-		☐ Delete	ANA						☐ Change	☐ Addition	

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

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 redever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

RINTED NAME OF S ING MANAGING MEMBER, MANAGER, OR AU

☐ Delete

☐ Delete

04

☐ Change

☐ Change

☐ Addition

☐ Addition