


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90064 001 ****50.00

DOCUMENT # L02000015364	
1. Entity Name THE BEACON AT BRICKELL VILLAGE, L.L.C.	

Principal Place of Business 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133	Mailing Address 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133
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14002400



2. Principal Place of Business 2200 South Dixie Hwy Suite, Apt. #, etc. Suite 705 City & State Coconut Grove, FL Zip 33133 Country Dade	3. Mailing Address 2200 South Dixie Hwy Suite, Apt. #, etc. Suite 705 City & State Coconut Grove, FL Zip 33133 Country Dade
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04182005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent RENZI, PASQUALE 3052 SW 27TH AVE # 101 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Renzi, Pasquale Street Address (P.O. Box Number is Not Acceptable) 2200 South Dixie Hwy Suite 705 City Coconut Grove FL Zip Code 33133	
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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 Pasquale Renzi DATE 4/15/05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENZI HOLDINGS INC 3052 SW 27 AVE # 101 MIAMI, FL 33133. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renzi Holdings, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 South Dixie Hwy. Suite 705 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Pasquale Renzi DATE 4/15/05 DAYTIME PHONE # 305-858-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE