


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90049 049 ****55.00

DOCUMENT # L02000018682 1. Entity Name BEACON'S REACH DEVELOPMENT, L.L.C.			
Principal Place of Business 357 HIATT DRIVE SUITE A PALM BEACH GARDENS, FL 33418		Mailing Address 357 HIATT DRIVE SUITE A PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 8895 N. Military Trail		3. Mailing Address 8895 N. Military Trail	
Suite, Apt. #, etc. Suite 101 B		Suite, Apt. #, etc. Suite 101B	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country Palm Beach	Zip 33410	Country Palm Beach
6. Name and Address of Current Registered Agent ECCLESTONE, E. LLWYD III 357 HIATT DRIVE SUITE A PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Ecclestone, E. Llwyr III Street Address (P.O. Box Number is Not Acceptable) 8895 N. Military Trail Suite 101B City Palm Beach Gardens FL Zip Code 33410	
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 <u><i>Margaret Ecclestone</i></u> DATE <u>7/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ECCLESTONE, E. LLWYD III 357 HIATT DRIVE PALM BEACH GARDENS, FL 33418 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Ecclestone, E. Llwyr III 8895 N. Military Trail, Suite 101B Palm Beach Gardens, FL 33410 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CELEDINAS, RAY S 4259 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 60B, Florida Statutes.			
SIGNATURE: <u><i>Margaret Ecclestone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>7/8/04</u> Daytime Phone # <u>561-627-1270</u>	

