2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR -2 AM 7:53
02-24-2003 90053 030 ****50.00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L02000018682

1. Entity Name
BEACON'S REACH DEVELOPMENT, L.L.C.

Principal Place of Business	Mailing Address
357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418	357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4/2

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0634874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FREDERIC T. DEHON, JR., P.A.
5608 PGA BLVD. SUITE 211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name: E. Llwyd Ecclestone III
Street Address (P.O. Box Number is Not Acceptable): 357 Hiatt Drive, Suite A
City: Palm Beach Gardens FL Zip Code: 33418

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] manager DATE: 1/27/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Manager ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	E. Llwyd Ecclestone, III	NAME	
STREET ADDRESS	357 Hiatt Drive, Suite A	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	CITY-ST-ZIP	
TITLE	Manager ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Ray S. Celedinas	NAME	
STREET ADDRESS	4259 Northlake Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: [signature] REQUIRED Date: 1/27/03 Daytime Phone #: 561-627-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE