2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000019979

Name:

Entity Name: BEACON MANAGEMENT CONSULTANTS, LLC

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 6602 6309 CORPORATE COURT FT. MYERS BEACH, FL 33932

SUITE 115

FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

P.O. BOX 6602 6309 CORPORATE COURT FT. MYERS BEACH, FL 33932 SUITE 115

FORT MYERS, FL 33919

FEI Number: 04-3717533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONNER, RICHARD A CPA, PA DONNER, RICHARD A CPA, PA 6309 CORPORATE CT 6309 CORPORATE COURT SUITE 115 SUITE 115 FT. MYERS, FL 33919 US FT. MYERS, FL 33919 US

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.

Name:

SIGNATURE: 04/25/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR () Delete Title: (X) Change () Addition

KRPALEK, DANIEL KRPALEK, DANIEL Address: P.O. BOX 6602 Address: 6309 CORPORATE COURT SUITE 115

City-St-Zip: FORT MYERS BEACH, FL 33932 City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL KRPALEK **MGRM** 04/25/2005