

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021762

1. Entity Name
BEACON, LLC



Principal Place of Business
**301 E. PINE ST., STE. 350
ORLANDO, FL 32801**

Mailing Address
**301 E. PINE ST., STE. 350
ORLANDO, FL 32801**



01202008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1282928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR, ESQ
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
HUGHES, PAUL R
301 E. PINE STREET, SUITE 350
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
RHODEN, CHRIS
301 E PINE ST STE 350
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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000000427966
02/21/06-80029-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #