

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013861

FILED
Feb 15, 2005
Secretary of State

Entity Name: BEACON EDUCATIONAL SERVICES, LLC

Current Principal Place of Business:

4840 S. PENINSULA DRIVE
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4840 S. PENINSULA DRIVE
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHARPLES, DARRELD K
4840 S. PENINSULA DRIVE
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHARPLES, DARRELD K
Address: 4840 S. PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127 US

Title: MGR () Delete
Name: CAMERON, DONALD W
Address: 101 BONNER DRIVE
City-St-Zip: JAMESTOWN, NC 27282 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARRLED K. SHARPLES

MGR

02/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date