2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90064 003 ****50.00

DOCUMENT # L04000069374

1. Entity Name
BEACON DEVELOPER PARTNERS, LLC

Principal Place of Business	Mailing Address
3052 SW 27 AVE., STE. 101 COCONUT GROVE, FL 33133	3052 SW 27 AVE., STE. 101 COCONUT GROVE, FL 33133

2. Principal Place of Business	3. Mailing Address
2200 South Dixie Hwy	2200 South Dixie Hwy
Suite, Apt. #, etc.: Suite # 705	Suite, Apt. #, etc.: Suite # 705
City & State: Coconut Grove, FL	City & State: Coconut Grove FL
Zip: 33133 Country: Dade	Zip: 33133 Country: Dade

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2152382 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE STE. 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Mgm NAME: Renzo Renzi STREET ADDRESS: 2200 S. Dixie Hway #705 CITY-ST-ZIP: Miami, FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Mgm NAME: Pasquale Renzi STREET ADDRESS: 2200 S. Dixie Hway #705 CITY-ST-ZIP: Miami, Fl, 33133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Pasquale Renzi 4/15/05 305-858-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #