2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000081243

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

BEACON AUTO FINANCE, LLC



US

Principal Place of Business

Mailing Address

5353 NORTH FEDERAL HIGHWAY

5353 NORTH FEDERAL HIGHWAY

SUITE 100 SUITE 100 FORT LAUDERDALE, FL 33308

FORT LAUDERDALE, FL 33308

04092008 No Chg-LLC

CR2E083 (12/07)

FILED

Apr 18, 2008 08:00 Al Secretary of State

4. FE! Number 20-3325329

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN METER, RANDALL V 5353 NORTH FEDERAL HIGHWAY, #100 FT. LAUDERDALE, FL 33308

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	named entity submits this statement for the purpose of charitions of registered agent.	nging its registered office or registered agent, or both, in the Stat	e of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		00000907411 5/08-80037-009 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN METER, RANDALL V 5353 NORTH FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE