

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114618

Entity Name: BEACON CONDOS LLC

FILED
Feb 04, 2006
Secretary of State

Current Principal Place of Business:

1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 86-1153082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIZRACHI, MIKE
1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

MIZRACHI, MIKE M
1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL, FL 33914 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.

SIGNATURE: MIKE MIZRACHI

02/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIZRACHI, MIKE
Address: 1904 CAPE CORAL PKWY WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: MIZRACHI, OFER
Address: 1904 CAPE CORAL PKWY WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: ALMOG, DORON
Address: 1904 CAPE CORAL PKWY WEST
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: MIKE MIZRACHI

MGRM

02/04/2006

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