2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114618

Entity Name: BEACON CONDOS LLC

FILED Feb 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1904 CAPE CORAL PKWY WEST

CAPE CORAL, FL 33914

2101 SHINNECOCK HILLS WAY
CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

1904 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914

2101 SHINNECOCK HILLS WAY
CORAL SPRINGS, FL 33071

FEI Number: 86-1153082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHUTT, DARRIN R ESQ
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL, FL 33904 US

ALMOG, DORON
2101 SHINNECOCK HILLS WAY
CORAL SPRINGS, FL 33071 U

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: DORON ALMOG 02/26/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 MIZRACHI, OFER
 Name:
 MIZRACHI, OFER

 Address:
 1904 CAPE CORAL PKWY WEST
 Address:
 2101 SHINNECOCK HILLS WAY

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CORAL SPRINGS, FL 33071

Title: MGR () Delete Title: MGR (X) Change () Addition Name: ALMOG, DORON Name: ALMOG, DORON

Address: 1904 CAPE CORAL PKWY WEST Address: 2101 SHINNECOCK HILLS WAY
City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 MIZRACHI, GARY

 Address:
 Address:
 2101 SHINNECOCK HILLS WAY

 City-St-Zip:
 City-St-Zip:
 CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify 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: DORON ALMOG MGR 02/26/2009