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SECRETARY OF STATE
SECRETARY SEE, FLORIDA

16327 6.55661.146

COVER LETTER

TO: Registration Solution of Co		,		
_{SUBJECT:} Beaco	on Property Group	, LLC.		
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Pamela A	Amoroso			
	•	Name of Person)		
Beacon F	Property Group, L	LC.		
		(Firm/Company)		
720 Mag	nolia Road		200 17.11	
		(Address)	S DE	62
Barringto	on IL 60010		C-5	9
	(City	/State and Zip Code)	EO H	
For further information	concerning this matter, please	call:	ECRETARY OF STATE	
Pamela A Amo	oroso	at (847) 345-55	>>	
	of Person)	(Area Code & Daytime To		
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

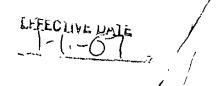
ARTICLE I - Name:

The name of the Limited Liability Company	is:	
Beacon Property Group, LLC.		
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "I	L.C.,")
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
720 Magnolia Road	720 Magnolia Road	200 TA:
Barrington IL 60010	Barrington IL 60010	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Country R. KERSHA	egistered Agent. You must designate an individual of the registered agent are:	nature: AH 9: 29 SSTATE STATE OF BRIDE
Na Na	ame	
3667 Carriage Gate		
Florida stree	t address (P.O. Box NOT acceptable)	
Melbourne	FL 32904	
City, Sta	ate, and Zip	
Having been named as registered agent and	to accept service of process for the abov	e stated limited

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member MGR	Pamela A Amoroso 720 Magnolia Road Barrington, IL 60010	- -	
 .		-	
		- -	
	A S	2006 DEC	esterit rest.
(Use attachment if necessary)	AHASSE AHASSE	5 5	-
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: 01/01/07 (OPTIC) pecific and cannot be more than five business	days prior	
REQUIRED SIGNATURE:			

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Pamela A Amoroso

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
, 30.00 Certified Copy (Optional)
, 5.00 Certificate of Status (Optional)