

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118719

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: BEACON ADC, LLC

**Current Principal Place of Business:**

12568 SHORELINE DRIVE, APT. 405  
WELINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CITIZENS PLAZA, 8TH FLOOR  
C/O EDWARD MAGGIACOMO  
PROVIDENCE, RI 02903

**New Mailing Address:**

FEI Number: 20-8060045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATTISTA, PAUL J  
100 SOUTHEAST 2ND STREET, STE 4400  
GENOVESE JOBLOVE & BATTISTA, P.A.  
PLANTATION, FL 33324 US

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

BATTISTA, PAUL J  
100 SOUTHEAST 2ND STREET, STE 4400  
GENOVESE JOBLOVE & BATTISTA, P.A.  
MIAMI, FL 33131 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:

04/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAGGIACOMO, EDWARD L  
Address: ONE CITIZENS PLAZA, 8TH FLOOR  
City-St-Zip: PROVIDENCE, RI 02903

**ADDITIONS/CHANGES:**

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

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: EDWARD L. MAGGIACOMO

MGR

04/11/2008

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