


**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90334 038 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # L07000033029</b>  |  |                                 |  |   |  |
| 1. Entity Name<br>BEACON MANOR DEVELOPMENT, LLC   |  |                                 |  |  |  |
| Principal Place of Business<br>9916 EAST HARRY STREET, STE. 104<br>WICHITA, KS 67207  |  |                                 | Mailing Address<br>9916 EAST HARRY STREET, STE. 104<br>WICHITA, KS 67207 |  |  |
| 2. Principal Place of Business - No P.O. Box #  |  |                                 | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.  |  |  |
| City & State  |  |                                 | City & State   |  |  |
| Zip   | Country  | Zip                             | Country  | 4. FEI Number<br>20-8726612  |  |
|   |  |                                 |  | Applied For<br>Not Applicable  |  |
|   |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>DAVES, KEVIN<br>409 NORTH WASHINGTON DRIVE<br>SARASOTA, FL 34236   |  |                                 |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |                                 |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                 |  |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |  |                                 |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>CORE BP, LLC<br>9916 EAST HARRY STREET, STE. 104<br>WICHITA, KS 67207     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>PMG BEACON, LLC<br>FIVE EAST 17TH STREET, 2ND FLOOR<br>NEW YORK, NY 10003 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |

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

SIGNATURE: Kevin Daves