## 2004 LIMITED LIABILITY COMPANY

## Mar 08, 2004 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # L99000003124 03-08-2004 90272 023 \*\*\*\*55.00 BEACON VILLAS, L.C. 3.10 Mailing Address Principal Place of Business 24016878 P.O. BOX 6966 8359 BEACON VILLAS BLVD FORT MYERS, FL 33907 FORT MYERS, FL 33911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272004 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 65-0947418 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired , **X**, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRONIN, THOMAS R ESQ. Street Address (P.O. Box Number is Not Acceptable) 3951 FOWLER ST. 8359 BEACON BLVD FORT MYERS, FL 33901 FÖRT MYERS 33907 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) Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee Is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 9. MGR TOLE ☐ Delete TITLE XX Change [7] Addition CRONIN, THOMAS R SR. NAME NAME STREET ADDRESS 3591 FOWLER STREET STREET ADDRESS 8359 BEACON BLVD CITY-ST-7IP CITY-ST-ZIP FORT MYERS, FL 33901 FORT MYERS, FL 33907 TITLE ☐ Addition ☐ Delete Change Change TITLE NAME CRONIN, THOMAS R SR NAME 8359 BEACON BLVD STREET ADDRESS STREET ADDRESS 3591 FOWLER STREET FORT MYERS, FL 33907 CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP V-----Delete Delete TITLE Change Change TITLE NAME FOX. ALLAN E NAME 8359 BEACON BLVD. STREET ADDRESS STREET ADDRESS 3591 FOWLER ST FORT MYERS, FL 33901 CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP XX Change ☐ Addition ☐ Delete TITLE TITLE FOX, ALLAN E NAME 8359 BEACON BLVD STREET ADDRESS STREET ADDRESS 3591 FOWLER ST CITY-ST-ZIP FORT MYERS, FL 33907 FORT MYERS, FL 33901 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA