

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000003124

1. Entity Name  
BEACON VILLAS, L.C.



Principal Place of Business  
8359 BEACON VILLAS BLVD  
FORT MYERS, FL 33907

Mailing Address  
P.O. BOX 6966  
FORT MYERS, FL 33911



04052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0947418

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRONIN, THOMAS R ESQ.  
8359 BEACON BLVD  
FORT MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CRONIN, THOMAS R SR.  
8359 BEACON BLVD  
FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CRONIN, THOMAS R SR  
8359 BEACON BLVD  
FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
FOX, ALLAN E  
8359 BEACON BLVD  
FORT MYERS, FL 33907

TITLE  
NAME  
STREET ADDRESS  
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FOX, ALLAN E  
8359 BEACON BLVD  
FORT MYERS, FL 33907

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

000000302300  
04/13/05-80102-010 55.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

ALLAN E. FOX

4/15/05 239-932-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #