

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003124

FILED
Apr 05, 2012
Secretary of State

Entity Name: BEACON VILLAS, L.C.

Current Principal Place of Business:

8359 BEACON VILLAS BLVD
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BOULEVARD
SUITE 201
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0947418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, THOMAS R SR
8727 N TAMiami TRAIL
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CRONIN, THOMAS R SR.
Address: 8727 N TAMiami TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P
Name: CRONIN, THOMAS R SR
Address: 8727 N TAMiami TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: V
Name: FOX, ALLAN E
Address: 8359 BEACON BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: FOX, ALLAN E
Address: 8359 BEACON BLVD
City-St-Zip: FORT MYERS, FL 33907

I hereby 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: THOMAS R. CRONIN, SR.

MGRM

04/05/2012

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