

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003124

1. Entity Name

BEACON VILLAS, LLC.

Principal Place of Business

3591 FOWLER STREET
FORT MYERS, FL 33901

Mailing Address

ATTN: THOMAS R. CRONIN SR
3591 FOWLER STREET
FORT MYERS, FL 33901

2. Principal Place of Business

8359 BEACON VILLAS BLVD

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 6966

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33907

Country

USA

Zip

33911

Country

USA

4. FEI Number

65-0947418

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRONIN, THOMAS R.
3591 FOWLER STREET
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # MGR/P
NAME CRONIN, THOMAS R SR.
STREET ADDRESS 3591 FOWLER STREET
CITY-ST-ZIP FORT MYERS, FL 33901

DOCUMENT # VP/TR
NAME ALLAN E FOX
STREET ADDRESS 3591 FOWLER STREET
CITY-ST-ZIP FORT MYERS, FL 33901

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *allan E fox* ALLAN E. FOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03 239-936-8888

Date

Daytime Phone #

FILED

03 APR 30 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)