

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002295
AF

00 APR 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004949

1. Entity Name
BEACON PROPERTIES OF S.W. FLORIDA, L.L.C.

| | |
|--|---|
| Principal Place of Business 2039 WEST FIRST STREET, #1 FORT MYERS FL 33901 | Mailing Address 2039 WEST FIRST STREET, #1 FORT MYERS FL 33901-3113 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0940370 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| City & State | | City & State | | Zip | | Country | |
| City & State | | City & State | | Zip | | Country | |

mm

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| JOHNSON, BRANDON S 2039 WEST FIRST STREET, #1 FORT MYERS FL 33901 | | | | Name | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | | | FL | | Zip Code | |
| | | | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | | | 10. ADDITIONS / CHANGES | | | |
|-------------------------------|----------------------------|---------------------------------|--|-------------------------|-----------------------|---------------------------------|-----------------------------------|
| TITLE NAME | MGRM JOHNSON, BRANDON S | <input type="checkbox"/> Delete | | TITLE NAME | 000003250030--8 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | 2515 FIRST STREET, #37 | | | STREET ADDRESS | -05/12/00--01024--023 | | |
| CITY-ST-ZIP | FORT MYERS FL 33901 | | | CITY-ST-ZIP | *****50.00 *****50.00 | | |
| TITLE NAME | MGRM JOHNSON, JAN J | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | 7002 KIMBERLY TERRACE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | | TITLE NAME | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

CR2E083 (9/99)

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: Yhs SIGNATURE REQUIRED
Date: 4/24/00 Daytime Phone #: 94-461-5568