

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L99-4949

Beacon Properties of SW Florida LLC

FILED

Principal Place of Business

Mailing Address

2039 W. First St.
Suite #1
Fort Myers, FL 33901

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2109 Crawford Street

3. Mailing Address

2109 Crawford Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0940370

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

33901

33901

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Brandon Johnson
4202 SW 25th Place
Cape Coral, FL 33914

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

6/27/01

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Brandon Johnson, Member
4202 SW 25th Pl.
Cape Coral, FL 33914

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800004475588
-07/16/01--01004--006
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Jan Johnson, Member
7002 Kimberly Terrace
Fort Myers, FL 33919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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:

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

Date

Daytime Phone #

4/27/01