


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99000004949 1. Entity Name BEACON PROPERTIES OF S.W. FLORIDA, L.L.C.	
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Principal Place of Business
2109 CRAWFORD STREET
FORT MYERS, FL 33901

Mailing Address
2109 CRAWFORD STREET
FORT MYERS, FL 33901



03222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0940370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, BRANDON S
4202 S.W. 25TH PLACE
CAPE CORAL, FL 33914

**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, 2004**

000000099044
03/29/04-80067-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHNSON, BRANDON S 4202 S.W. 25TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHNSON, JAN J 7002 KIMBERLY TERRACE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 

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

3/29/04 279-461-5568
Date Daytime Phone #