

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004949

FILED
Jan 19, 2005
Secretary of State

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

Current Principal Place of Business:

2109 CRAWFORD STREET
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2109 CRAWFORD STREET
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-0940370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHNSON, BRANDON S
2109 CRAWFORD ST
FORT MYERS, FL 33901 US

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:

01/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: JOHNSON, BRANDON S
Address: 4202 S.W. 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MEM () Delete
Name: JOHNSON, JAN J
Address: 7002 KIMBERLY TERRACE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, BRANDON S
Address: 2109 CRAWFORD ST
City-St-Zip: FORT MYERS, FL 33901

Title: MGR (X) Change () Addition
Name: JOHNSON, JAN J
Address: 2109 CRAWFORD ST
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRANDON JOHNSON

MGR

01/19/2005

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