

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008251

FILED
Apr 19, 2006
Secretary of State

Entity Name: BEACON FINANCIAL GROUP, LLC

Current Principal Place of Business:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0970080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMWELL, TIM
2215 N.W. 36TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAMWELL, TIM
Address: 2215 NW 36TH ST.
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: MADAN, NORMAN
Address: 2215 NW 36TH ST.
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: BYER, ANNE
Address: 2215 NW 36TH ST.
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: ECHTENTHAL, KENYE
Address: 2215 NW 36TH ST.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIM GAMWELL

MGRM

04/19/2006

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