



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90455 020 ****55.00

DOCUMENT # M00000002597 1. Entity Name LIGHTSPEED BEACON PARTNERS GP LLC					
Principal Place of Business 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021			Mailing Address 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021		
2. Principal Place of Business 3390 Mary Street, Suite, Apt. #, etc. Suite 200		3. Mailing Address 321 East Hillsboro Blvd. Suite, Apt. #, etc.			
City & State Coconut Grove, Florida		City & State Deerfield Beach, Florida		03092004 Chg-LLC CR2E083 (10/03)	
Zip 33133		Country USA		4. FEI Number 52-2284446	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent STOTZER, THEODORE R C/O SWERDLOW BOCA DEVELOPERS GROUP, LLC 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL. 33441			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONEFISH PARTNERS LLC <input type="checkbox"/> Delete 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
BY: BONEFISH PARTNERS, LLC, its Managing Member					
SIGNATURE: By: _____ Michael Swerdlow, Management Committee Chairman			April 15, 2004 (954) 949-3480		Daytime Phone #