


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2006 08:00 A
Secretary of State

DOCUMENT # M00000002597		
1. Entity Name LIGHTSPEED BEACON PARTNERS GP LLC		
Principal Place of Business 3390 MARY STREET SUITE 200 COCONUT GROVE, FL 33133 US		Mailing Address 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 US
DO NOT WRITE IN THIS SPACE		
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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BONEFISH PARTNERS LLC 3390 MARY STREET, SUITE 200 COCONUT GROVE, FL 33133	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. LIGHTSPEED BEACON PARTNERS GP, LLC BY: BONEFISH PARTNERS, LLC , sole managing member SIGNATURE: By: [Signature] March 20, 2006 (954) 949-3480 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> Michael Swerdlow Management Comm. Chairman		



02242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2284446	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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04/06/06-80005-003 55.00

**DO NOT WRITE
IN THIS SPACE**