2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04 APR 21 AM 8: 44 DOCUMENT # M01000000200 SECRETARY OF STATE TALLAHASSEE, FLORIDA LIGHTSPEED AT BEACON TRADEPORT (PARCEL 7) LLC Mailing Address Principal Place of Business 4651 SHERIDAN STREET, STE. 200 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 5080 Spectrum Drive 5080 Spectrum Drive Suite, Apt. #, etc. Suite 1050 E Suite, Apt. #, etc. Suite 1050 E 01082004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 52-2290221 Not Applicable <u>Addison, Texas</u> <u>Addison. Texas</u> Country \$5.00 Additional Zip 75001 Zip 75001 \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE X Change ☐ Addition LIGHTSPEED AT BEACON TRADEPORT LLC NAME NAME STREET ADDRESS 4651 SHERIDAN STREET, STE. 200 STREET ADDRESS 5080 Spectrum Dr. Suite 1050 E HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP Addison, Texas 75001 TITLE Delete ☐ Change TITLE ☐ Addition NAME 300034399133 STREET ADDRESS STREET ADDRESS 04/28/04--01028--006 **50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 22 X

CITY ST ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

2-2-04

Date

972-980-2200

Daytime Phone #

☐ Change

Addition

FILED