



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

04 APR 21 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M01000000202</b>					
<b>1. Entity Name</b> LIGHTSPEED AT BEACON TRADEPORT (PARCEL 3) LLC					
<b>Principal Place of Business</b> 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021			<b>Mailing Address</b> 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021		
<b>2. Principal Place of Business</b> 5080 Spectrum Drive Suite, Apt. #, etc. Suite 1050 E		<b>3. Mailing Address</b> 5080 Spectrum Drive Suite, Apt. #, etc. Suite 1050 E		01082004 Chg-LLC CR2E083 (10/03)	
<b>City &amp; State</b> Addison, Texas		<b>City &amp; State</b> Addison, Texas		<b>4. FEI Number</b> 52-2290226	
<b>Zip</b> 75001		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIGHTSPEED AT BEACON TRADEPORT LLC 4651 SHERIDAN STREET, STE. 200 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5080 Spectrum Dr./Suite 1050 E Addison, Texas 75001	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			2-2-04 972-980-2200		
Ron J. Hoyl, Vice President of MGRM					