

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M01000000203

1. Entity Name  
LIGHTSPEED AT BEACON TRADEPORT (INDUSTRIAL)  
LLC



Principal Place of Business  
5080 SPECTRUM DRIVE, SUITE 1050 E  
ADDISON, TX 75001

Mailing Address  
5080 SPECTRUM DRIVE, SUITE 1050 E  
ADDISON, TX 75001

**FILED**  
05 APR 14 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2290218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LIGHTSPEED AT BEACON TRADEPORT, LLC  
5080 SPECTRUM DRIVE, SUITE 1050 E  
ADDISON, TX 75001

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

600051388416  
04/20/05--01044--008 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

*Timothy B. Smith*

4-7-05

972-980-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Timothy B. Smith, Vice President & Secretary of MGRM