2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001126

1. Entity Name



FILED

LIGHTSPE	ED AT BEACON TRADEPORT	(PARCEL 23) LLC				03 APR -	B AMII:	18	
Principal Plac 300 HOLLYWOO HOLLYWOOD F	DD WAY	Mailing Address 300 HOLLYWOOD WAY HOLLYWOOD FL 33021			Ť	SESTE IN A	M OF ST SEEFFEE	ACIN	
Suite, Apt. Suite, Apt. Suite 200 City & Stat Hollywood Zip 33021		3. Mailing Address 4651 Sheridan Street Suite, Apt. #, etc. Suite 200 City & State Hollywood, Florida Zip 33021 legistered Agent	Country USA Name		4. FEI Numl 5. Certificat 7. Name an	te of Status Desire Address of Ne	RE IF MAKING 840 ad XXX w Registered	Ap No \$5.00 Add Fee Require	oplied For of Applicable ditional
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									
FILE NOW!!! FEE IS \$50.00 200015479162 Make Check Payable to Florida Department of State 8/0301075004 **55.00 Due By May 1, 2003									
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM LIGHTSPEED AT BEACON TRADE 300 HOLLYWOOD WAY HOLLYWOOD FL 33021	☐ Delete	STREET ADDRESS	4651 Sh	eridan S	ADDITIO Beacon Trade Street, Suit rida 33021	-	XX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 0-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	NIST	. —		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	Change	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 eignature shall have the seme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or transfer to precipe the contract of the limited liability company or the receiver or transfer to precipe the contract of the limited liability company or the receiver or transfer to precipe the contract of the limited liability company or the receiver or transfer to precipe the limited liability company or the receiver or transfer to precipe the limited liability company or the receiver of the limited liability

SIGNATURE: By: DISTURBED OR PRINTED IN MICHAELT SWE

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 20, 2003 Date

(954) 981-1000 Daytime Phone #