

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002113

FILED
Apr 29, 2009
Secretary of State

Entity Name: BEACON-FL, LLC

Current Principal Place of Business:

9975 NW 12TH STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 03-0475998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, JOHN
6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: FRIEDER, BARRY
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: T/S () Delete
Name: YUSKO, DAVID A
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: PFEIFER, ANDREW
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: PRES () Delete
Name: RITTER, WALTER
Address: 9975 NW 12TH STREET
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ANDREW PFEIFER

VP

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date