## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPURI (AN)					T FILED			
DOCUMENT # M0300001515  1. Entity Name					Feb 03, 2005 08:00 AM Secretary of State			
BEACON	INVESTMENT GROUP, LL	С			Secr	etary of s	State	
Principal Place of Business		Mailing Address	Mailing Address					
5755 TREEBROOK DRIVE NE ADA MI 49301		5755 TREEBROOK ADA MI 49301	5755 TREEBROOK DRIVE NE ADA MI 49301					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE	CR2E08	3 (10/04)		
City & State		City & State	City & State		4. FEI Number 37-145	52068		plied For t Applicab
Zip	Country	Zip	Cour	ntry	5. Certificate of Status De	-311eu 🗀	\$5.00 Add Fee Required	
	6. Name and Address of Currer	nt Registered Agent	<del></del>	Name	7. Name and Address of	New Registered	Agent	
REED, WILLIAM S 7566 LINKS COURT					(P.O. Box Number is Not Acc	eptable)		
SAF	RASOTA FL 34243							
				City		FL	_	
	named entity submits this statement tions of registered agent.	for the purpose of changing	g its register	red office or registe	red agent, or both, in the Sta	te of Florida. I am	familiar with,	and accep
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable	NOTE Register	ed Agent signature requires	d when reinstating)	DATE		
		File	NOWILL	FEE IS \$50.00				
		Make Check Pay			nt of State			
			Due By M	ay 1, 2005				
9.	MANAGING MEMI	BERS/MANAGERS	10.		ADDI	TTONS/CHANGES	;	
LILLE	MGR	☐ Delete	IIIL		00000	00213798	☐ Change	Addition.
NAME STREET ADDRESS	REED, MICHAEL W 5755 TREEBROOK DRIVE NE		NAM	ME BETADDRESS	02/03/03	5-80083-020	J 50.UU	
CITY: ST-ZIP	ADA MI 49301			Y-ST-ZIP				
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NAME			NAN	<b>NE</b>				
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CITY-SI-ZIP			·	Y-ST-ZIP	•		Change	∏ A.Liii.
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NAME			NA	-				
STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP				
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NAME		T Detete	NAN				onwigo	
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				· · · · - · · ·
11. I hereby of indicated limited lia	certify that the information supplied w fon this report is true and accurate ar ability company or the receiver or trus	ith this filing does not qualit nd that my signature shall h tee empowered to execute	fy for the exe ave the sam this report a	emption stated in So he legal effect as if r his required by Chap	ection 119.07(3)(i), Florida St made under oath; that I am a oter 608, Florida Statutes.	atutes. I further cer a managing memb	tify that the in er or manage	nformation or of the

SIGNATURE: MUSCLE 41/05 6/6-676-7333

SIGNATURE and Typed or Printed name of Signing Managing Member, Manager, or authorized representative Date Destrict Professional Profess