


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90129 031 ***100.00

DOCUMENT # M05000002318	
1. Entity Name BEACON MOTEL & RESORT, LLC	

Principal Place of Business 4666 MIAN STREET BRIDGEPORT, CT 06606	Mailing Address 4666 MIAN STREET BRIDGEPORT, CT 06606
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2. Principal Place of Business 4666 Main Street	3. Mailing Address 4666 Main Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Bridgeport, CT	City & State Bridgeport, CT
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Zip 06606	Country USA	Zip 06606	Country USA
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02172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1249092	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GANIM, THOMAS 4666 MIAN STREET BRIDGEPORT, CT 06606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GANIM, THOMAS 4666 MAIN STREET BRIDGEPORT, CT 06606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 	Date 2/17/06	Daytime Phone # 203 372 7272
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ATTACHMENT

20014620
#M05000002318

The Ganim Law Firm, P. C.
GANIM, GANIM & GANIM
4666 MAIN STREET
BRIDGEPORT, CONNECTICUT 06606
TELEPHONE (203) 372-7772
FAX (203) 374-7199

GEORGE W. GANIM*
GEORGE W. GANIM, JR.
RAYMOND W. GANIM†
*ALSO ADMITTED IN MA
†ALSO ADMITTED IN D.C.

PAUL J. GANIM
THOMAS G. GANIM
MARY GANIM KOLESNIK

February 17, 2006

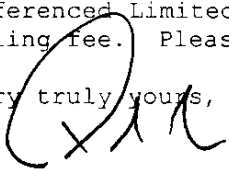
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Annual Reports
(a) Beacon Motel & Resort, LLC
(b) 925 Estero Boulevard, LLC
(c) The Holiday Court, LLC
(d) Ganim Properties, LLC

Dear Sir or Madam:

Enclosed herewith please find the Annual Reports for each of the above referenced Limited Liability Companies together with checks in payment of the filing fee. Please process these reports at your next opportunity.

Very truly yours,


Thomas G. Ganim

TGG/bf
enc.