

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000000102

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Entity Name:** BEACON COMPREHENSIVE LOSS RECOVERY, LLC

**Current Principal Place of Business:**

413 DOGWOOD WAY  
CANTON, GA 30114

**New Principal Place of Business:**

240 ROPEMILL INDUSTRIAL PARKWAY  
SUITE 2  
WOODSTOCK, GA 30188

**Current Mailing Address:**

P.O. BOX 594  
LEBANON, GA 30146

**New Mailing Address:**

240 ROPEMILL INDUSTRIAL PARKWAY  
SUITE 2  
WOODSTOCK, GA 30188

**FEI Number:** 72-1586948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: WATSON, MATTHEW J  
Address: 413 DOGWOOD WAY  
City-St-Zip: CANTON, GA 30114

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WATSON, MATTHEW J  
Address: 605 SHELTER COVE  
City-St-Zip: CANTON, GA 30114

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW J. WATSON

MGR

01/12/2007

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