2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# M06000000102

Entity Name: BEACON COMPREHENSIVE LOSS RECOVERY, LLC

Current Principal Place of Business:

240 ROPEMILL PARKWAY
SUITE 2
WOODSTOCK, GA 30188

New Principal Place of Business:

240 ROPE MILL PARKWAY
SUITE 2
WOODSTOCK, GA 30188

Current Mailing Address:

240 ROPEMILL PARKWAY
SUITE 2
WOODSTOCK, GA 30188

New Mailing Address:

240 ROPE MILL 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: 605 SHELTER COVE
City-St-Zip: CANTON, GA 30114

ADDITIONS/CHANGES:

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: MATTHEW J. WATSON MGR 04/16/2009

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