

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006827

FILED
Apr 28, 2008
Secretary of State

Entity Name: FDG BEACON COUNTYLINE LLC

Current Principal Place of Business:

10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 360
JACKSONVILLE, FL 32256

New Principal Place of Business:

2855 S. LEJEUNE RD, 4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

10151 DEERWOOD PARK BLVD.
BUILDING 100, SUITE 360
JACKSONVILLE, FL 32256

New Mailing Address:

2855 S. LEJEUNE RD, 4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: BEACON COUNTYLINE, L, LC
Address: 10151 DEERWOOD PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FDG MEZZANINE I, LLC,
Address: 2855 S. LEJEUNE RD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Change (X) Addition
Name: CODINA, ARMANDO
Address: 2855 S. LEJEUNE RD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: HEVIA, JOSE
Address: 2855 S. LEJEUNE RD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: RODON, RAFAEL
Address: 2855 S. LEJEUNE RD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: COBB, KOLLEEN
Address: 2855 S. LEJEUNE RD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: ABAUNZA, CARLOS
Address: 2855 S. LEJEUNE RD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN COBB

VP

04/28/2008

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