2003
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINES	S REPORT	「(UBR)		•		
DOCUMENT # _ 00 00009368				FILED SECRETARY OF STA DIVISION OF CORPORA		. 1
Beacon office Associates, LLC						117
				D3 JAN -7 PM 12:	้อง	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 2. Mailing Address 3. Mailing Address						
Suite, Apt. #, etc. 2442 Metrocentre, Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc.			a	DO NOT WRITE IN THIS SPACE		
	City & State West Palm R	Beach, Fl	,	4. FEI Number 65-12-9-438		Applied For Not Applicable
334073105 Country 334073105 USA	3407-3105	K5A		5. Certificate of Status Desired	F	5.00 Additional
7. Name and Address of Current Registered Agent						
DO NOT WRITE Street Address (P.D. Box Number is Not Acceptable) INITUS COACE Street Address (P.D. Box Number is Not Acceptable) ARES PAGE 1200						
IN THIS SPA	CE	164	5 ta	Im Beach Lakes	EM. S	te. 1200
		City	لحما	Dala Pagal	FL	Zip Code
8. The above named entity submits this statement for the	e purpose of changing its	registered office	or registere	Palm Beach and agent, or both, in the State of Flor	rida.	133401
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. Signature Signature, typed or printed name of registered agent and title if applicable.						
		FEE IS \$50.00		esinerity at Hannatis	200	
	Make Check Pa	yable to Depar UE BY MAY 1	tment of	State		
9. MANAGING MEMBERS	MANAGERS					· . ·
NAME ASSET SPELIALISTS IN	10	TITLÉ NAME				2/01)
STREET ADDRESS 2442 metrocentre I		STREET ADORESS CITY-ST-ZIP				CR2E083B (12/01
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		DO NOT V	MRIT	
TITLE		CITY-ST-ZIP		7.12		
NAME STREET ADDRESS		name Street address		IN THIS S	PAU	
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME		TITLE				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				Historiani Historiani National Company
TITLE		TITLE,	·			
NAME STREET ADDRESS		NAME STREET ADDRESS				** ***
CITY-ST-ZIP		CITY-ST-ZIP	4 74	· ·		
11. I hereby certify that the information supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustee em					urther certify ng member c	that the information r manager of the
T) ((2)						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date						