

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90321 008 ****55.00

DOCUMENT # L04000069407	
1. Entity Name FIRST SOUTHERN BENEVA, LLC	

Principal Place of Business 1414 W SWANN AVE STE 100 TAMPA, FL 33606	Mailing Address 1414 W SWANN AVE STE 100 TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BOULEVARD, SUITE 309 TAMPA, FL 33629	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2907 BAY TO BAY BLVD, SUITE 201 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.	
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, DOUG 1414 W SWANN AVE STE 100 TAMPA, FL 33606 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALKER, KIMLYN M 1414 W SWANN AVE STE 100 TAMPA, FL 33606 ☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOUGLAS N. JONES ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 61-1476309	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.	
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SIGNATURE: <u>Douglas N Jones</u>	Date: <u>4-3-07</u>	Daytime Phone #: <u>813-837-3009</u>
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