

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000032841  
 1. Entity Name  
**BEN'S SPECIALTY WOODWORKS LLC**



Principal Place of Business Mailing Address  
 5664 NW 137TH TERRACE 5664 NW 137TH TERRACE  
 WILLISTON FL 32696 WILLISTON FL 32696  
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*5664 NW 137TH TERR* *SAME*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State  
*Williston, Florida*  
 Zip Country Zip Country  
*32696* *FL*

4. FEI Number 20-2630654 Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHARON C BRANNAN CPA PA  
 161 N. MAIN STREET  
 WILLISTON FL 32696

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBSON, RANDY B	
STREET ADDRESS	5664 NW 137TH TERRACE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000881887	
STREET ADDRESS	04/23/08-80046-016 138.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Randy B. Robson* *Randy B. Robson* 4/10/08 352-317-1714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Copy Fee