2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L94000000017

1. Entity Name
SUSAN BENNETT MARKETING AND MEDIA, L.C.

Principal Place of Business	Mailing Address
3949 EVANS AVENUE #402 FORT MYERS, FL 33901	3949 EVANS AVENUE #402 FORT MYERS, FL 33901

03182005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0418362
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, SUSAN
1900 VIRGINIA AVENUE
#703
FORT MYERS, FL 33901

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENNETT, SUSAN
STREET ADDRESS	1900 VIRGINIA AVE., #703
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	MGR
NAME	BENNETT, PHILIP C
STREET ADDRESS	1900 VIRGINIA AVE., #703
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80123-013 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan Bennett SUSAN BENNETT 4/13/05 (239) 277-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #