

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001650

Entity Name: BEN R. GAMES, LC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

814 CHURCH STREET
ACCOUNTING OFFICE
ELLENTON, FL 34222

New Principal Place of Business:

819 FRANKLIN AVE
ACCOUNTING OFFICE
ELLENTON, FL 34222

Current Mailing Address:

814 CHURCH STREET
ACCOUNTING OFFICE
ELLENTON, FL 34222

New Mailing Address:

819 FRANKLIN AVE
ACCOUNTING OFFICE
ELLENTON, FL 34222

FEI Number: 59-3621439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMES, BEN R
814 CHURCH ST STE 102
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

GAMES, JON R
4391 APPLE TREE PLACE
JACKSONVILLE, FL 32258 US

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: JON R GAMES

01/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAMES, BEN R
Address: 814 CHURCH ST STE 102
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: GAMES, HELEN M
Address: 814 CHURCH ST STE 102
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: AMSIE LTN LLC,
Address: 814 CHURCH ST STE 102
City-St-Zip: ELLENTON, FL 34222

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAMES II, JON R
Address: 819 FRANKLIN AVE
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: GAMES, BEN R
Address: 814 CHURCH ST STE 102
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Change (X) Addition
Name: GAMES, JON R
Address: 4391 APPLE TREE PLACE
City-St-Zip: JACKSONVILLE, FL 32258

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: JON R GAMES

MGRM

01/17/2009

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