

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000001650

1. Entity Name

BEN R. GAMES, LC



FILED

Jan 24, 2007 08:00 AM

Secretary of State

Principal Place of Business

Mailing Address

814 CHURCH STREET  
ACCOUNTING OFFICE  
ELLENTON FL 34222

814 CHURCH STREET  
ACCOUNTING OFFICE  
ELLENTON FL 34222



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3621439

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMES, BEN R  
6445 LAKE SUNRISE DR  
APOLLO BEACH FL 33572

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
GAMES, BEN R  
6445 LAKE SUNRISE DRIVE  
APOLLO BEACH FL 33572 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
U000000602372  
01/26/07-80087-010 55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
GAMES, HELEN M  
6445 LAKE SUNRISE DRIVE  
APOLLO BEACH FL 33572 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

*Ben R. Games PhD Managing member*

19 JAN 2007

941-721-6563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #