

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001650

Entity Name: BEN R. GAMES, LC

FILED
Jan 22, 2011
Secretary of State

Current Principal Place of Business:

819 FRANKLIN AVE
ACCOUNTING OFFICE
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

819 FRANKLIN AVE
ACCOUNTING OFFICE
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 59-3621439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

I hereby 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

01/22/2011

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