2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000015692

NAME STREET ADDRESS CITY-ST-ZIP

Secretary of State 1. Entity Name BENSON, LLC Principal Place of Business Mailing Address 5305 SAGO PALM BLVD. 5305 SAGO PALM BLVD. TAMARAC, FL 33319 TAMARAC, FL 33319 01132004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1139546 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENSON, GLADYS R DO NOT WRITE 5305 SAGO PALM BLVD. TAMARAC, FL 33319 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS TITLE NAME BENSON, STANLEY R U000000009042 01/20/04-80089-005 50.00 STREET ADDRESS 5305 SAGO PALM BLVD CITY-ST-7/P TAMARAC, FL 33319 TITLE BENSON, GLADYS R STREET ADDRESS 5305 SAGO PALM BLVD. CITY-ST-ZIP TAMARAC, FL 33319 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutés. 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 deceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Jan 20, 2004 08:00 AM