


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90060 027 \*\*\*\*55.00

**DOCUMENT # L02000000447**

1. Entity Name  
**BENTZ CAPITAL GROUP, LLC**



Principal Place of Business  
**12765 FOREST HILL BLVD  
 STE 1302  
 WEST PALM BEACH, FL 33414**

Mailing Address  
**12765 FOREST HILL BLVD., SUITE 1302  
 WELLINGTON, FL 33414**

**60044153**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number  
**03-0375526**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~DE MENDOZA, MARIO III ESQ~~  
~~12765 FOREST HILL BLVD STE 1302~~  
~~WEST PALM BEACH, FL 33414~~

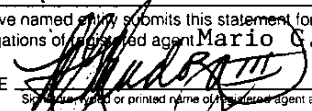
7. Name and Address of New Registered Agent

Name  
**Mario G. de Mendoza, III, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Blvd., Suite 1302**

City Wellington FL Zip Code 33414

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 **Mario G. de Mendoza, III, P.A.**

SIGNATURE  **Mario G. de Mendoza III, President** DATE **3/14/07**

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

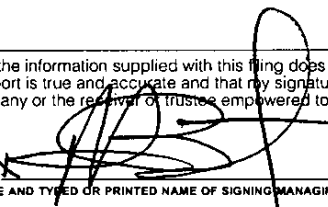
**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BENTZ FAMILY LIMITED PARTNERSHIP 2101 CENTREPARK WEST DRIVE STE 100 WEST PALM BEACH, FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Robert A. Bentz, General Partner**  
 of Bentz Family Limited Partnership, Manager **561-478-8501**

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

Date **4/27/07** Daytime Phone #