

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 019 ****55.00

0028528

DOCUMENT # **L02000000447**



1. Entity Name
BENTZ CAPITAL GROUP, LLC

Principal Place of Business
**251 ROYAL PALM WAY
SUITE 602
PALM BEACH FL 33480**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12765 Forest Hill Boulevard

3. Mailing Address

Suite, Apt. #, etc.
Suite 1302

Suite, Apt. #, etc.

City & State
Wellington, Florida

City & State

4. FEI Number
03-0375526

Applied For
Not Applicable

Zip
33414

Country
US

Zip

Country

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

**DE MENDOZA, MARIO III ESQ
MENDOZA AND CALLAS
251 ROYAL PALM WAY SUITE 602
PALM BEACH FL 33480**

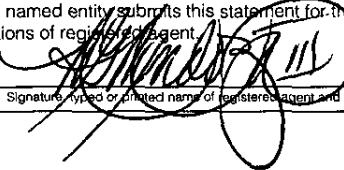
Name
Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, 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.

SIGNATURE  **Mario G. de Mendoza, III, President** **01/15/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
BENTZ, ROBERT A
1280 N CONGRESS AVE SUITE 100
WEST PALM BEACH FL 33409**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
Bentz, Robert A
2101 Centrepark West Drive, Suite 100
West Palm Beach, Florida 33409**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **01/15/03** **(561) 478-8501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)