


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90056 042 \*\*\*\*50.00

<b>DOCUMENT # L02000007549</b>	
1. Entity Name <b>BENEFIQUE CAPITAL LLC</b>	

Principal Place of Business <b>1508 E. BELT LINE ROAD SUITE 204 CARROLLTON, TX 75006-6358</b>	Mailing Address <b>2487 QUAIL ROOST DRIVE WESTON, FL 33327 US</b>
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**20000809**

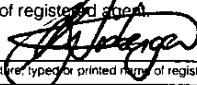


2. Principal Place of Business <b>20 TEAFALGAE SQUARE</b>	3. Mailing Address <b>SUITE A-7</b>
Suite, Apt. #, etc. <b>SUITE A-7</b>	Suite, Apt. #, etc.
City & State <b>NASHUA, NH</b>	City & State
Zip <b>03063</b>	Country <b>USA</b>

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>98-0371064</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DISBERGEN, G 1015 THISTLE CREEK CT. WESTON, FL 33327</b>	
7. Name and Address of New Registered Agent Name <b>DISBERGEN, G</b> Street Address (P.O. Box Number is Not Acceptable) <b>2487 QUAIL ROOST DRIVE</b> City <b>WESTON</b> FL Zip Code <b>33327</b>	

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.

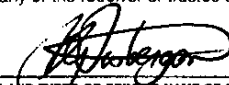
SIGNATURE  DATE **01/04/2005**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. -MANAGING MEMBERS/MANAGERS-		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEFIQUE CAPITAL (PTY) LTD PO BOX 1971 ALBERTON, SOUTH AFRICA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DISBERGEN, G 2487 QUAIL ROOST DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM GALEOTIA INVESTMENTS (PTY) LTD MONTEREY, 12-14 CLAASSENS ROAD BISHOPS COURT, CAPE TOWN, 7700, 24 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  DATE **01/04/2005** Daytime Phone # **1-603-966-4543**

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