


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90035 025 ****50.00

DOCUMENT # L02000014427			
1. Entity Name BENT PINE PROPERTIES, LLC			
Principal Place of Business 2500 3RD AVE N. #5 ST. PETERSBURG, FL 33713		Mailing Address 2500 3RD AVE N. #5 ST. PETERSBURG, FL 33713	
2. Principal Place of Business		3. Mailing Address P.O. BOX 13002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. PETERSBURG FL	
Zip	Country	Zip 33733	Country PINELLAS
4. FEI Number 61-1436838		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINETTE, TIM 10821 EARHART DR. NEW PORT RICHEY, FL 34654		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____			
Filing Fee Is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUTUAL REAL ESTATE 2500 3RD AVE N #5 SAINT PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas Calhou		Thomas Calhou Pres. 4-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		Date Time Phone # 727-327-2444	

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