



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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<b>DOCUMENT # L02000021336</b>						<b>FILED</b> 06 APR 11 PM 3:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
<b>1. Entity Name</b> RMGTURA, LLC															
<b>Principal Place of Business</b> 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180		<b>Mailing Address</b> 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180													
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip		Country		Zip		Country									
<b>4. FEI Number</b> 51-0426604				Applied For <input type="checkbox"/> Not Applicable											
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b> DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29 AVE. SUITE 100 AVENTURA, FL 33180				<b>7. Name and Address of New Registered Agent</b>											
Name				Street Address (P.O. Box Number is Not Acceptable)											
								City							
												FL			
<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.</b>															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____															
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>											
<b>TITLE</b> MGR	<b>NAME</b> EXECUTIVETURA, LLC			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>STREET ADDRESS</b> 21150 POINT PLACE, APT 1203	AVENTURA, FL 33180														
<b>CITY - ST - ZIP</b>															
<b>TITLE</b> MGR	<b>NAME</b> BENS INVESTMENTS, LLC			<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>STREET ADDRESS</b> 2999 NE 191ST STREET, SUITE 803	AVENTURA, FL 33180														
<b>CITY - ST - ZIP</b>															
<b>TITLE</b> 	<b>NAME</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>STREET ADDRESS</b>															
<b>CITY - ST - ZIP</b>															
<b>TITLE</b> 	<b>NAME</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>STREET ADDRESS</b>															
<b>CITY - ST - ZIP</b>															
<b>TITLE</b> 	<b>NAME</b>			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<b>STREET ADDRESS</b>															
<b>CITY - ST - ZIP</b>															
<b>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.</b>															
<b>SIGNATURE:</b> _____				03/09/06		(305) 935-1012									
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #									