

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000025076

FILED
Apr 18, 2007
Secretary of State

Entity Name: BENEVENTO HOMES, L.L.C.

Current Principal Place of Business:

460 N.W. CONCOURSE PLACE, SUITE 3
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

600 SW DARWIN BLVD SUITE 208
PORT ST. LUCIE, FL 34953

Current Mailing Address:

460 N.W. CONCOURSE PLACE, SUITE 3
PORT ST. LUCIE, FL 34986

New Mailing Address:

600 SW DARWIN BLVD SUITE 208
PORT ST. LUCIE, FL 34953

FEI Number: 01-0751179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABONDANO, JOAQUIN
460 N.W. CONCOURSE PLACE, SUITE 3
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

ABONDANO, JOAQUIN
600 SW DARWIN BLVD SUITE 208
PORT ST. LUCIE, FL 34953 US

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.

SIGNATURE:

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, BETTY C
Address: 7869 SADDLEBROOK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGR () Delete
Name: JOAQUIN, ABONDANO
Address: 7869 SADDLEBROOK DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAQUIN ABONDANO

MG

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date