

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025076

FILED  
Apr 21, 2008  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

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

## Name and Address of New Registered Agent:

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:

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 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 ABODANO

MGR

04/21/2008

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