

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033627

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BENEFACOR REALTY, LLC

## Current Principal Place of Business:

259 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

259 4TH AVENUE NORTH  
ST. PETERSBURG, FL 33701

## New Mailing Address:

FEI Number: 75-3089484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, PETER D  
259 4TH AVENUE NORTH  
ST PETERSBURG, FL 33701 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: ADAMS, PETER D  
Address: 259 4TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: ADAMS, ROBIN L  
Address: 259 4TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition  
Name: KENNEDY, TIMOTHY C  
Address: 259 4TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33701

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: PETER D. ADAMS

MRGM

04/30/2009

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