2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L03000003004

1. Entity Name

BENTLEY PROPERTIES NO. 1, L.L.C.



Principal Place of Business

3350 BOCA RATON BLVD

A-44

BOCA RATON, FL 33431

CALIENDO, SAM S 3350 BOCA RATON BLVD Mailing Address

P.O. BOX 880

BOCA RATON, FL 33429

FILED Apr 28, 2008 08:00 AN Secretary of State



02152008 No Chg-LLC.

CR2E083 (12/07)

4. FEI Number 02-0672564 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

3. Commonto de

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IN THIS SPACE

A-44 BOCA RATON, FL 33431		IN THIS SPACE
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	Signature, typed or printed name of registered agent and title if applicable (NOTE; Reg	istered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR CALIENDO, SAM S 3350 N.W. BOCA RATON BLVD., SUITE A-44 BOCA RATON, FL 33431	U00000924910 05/20/08-80004-019 150.00
NAME STREET ADDRESS CITY-ST-ZIP	MGR MARLOWE, G. CARLTON 701 E COMMERCIAL BLVD, # 100 FORT LAUDERDALE, FL 33334	
NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		

11. I nereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08

561 416-2200

Davime Phor