


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90448 006 \*\*\*\*50.00

<b>DOCUMENT # L03000003411</b>	
1. Entity Name <b>BENTLEY PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>3350 N.W. BOCA RATON BLVD., STE A-2 BOCA RATON, FL 33431</b>	Mailing Address <b>3350 N.W. BOCA RATON BLVD., STE A-2 BOCA RATON, FL 33431</b>
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2. Principal Place of Business <b>701 E. Commercial Blvd. Suite 100 Ft. Lauderdale, FL 33334 Broward</b>	3. Mailing Address <b>701 E. Commercial Blvd. Suite 100 Ft. Lauderdale, FL 33334 Broward</b>
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04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>CALIENDO, SAM S 3350 N.W. BOCA RATON BLVD., SUITE A-2 BOCA RATON, FL 33431</b>	7. Name and Address of New Registered Agent Name <b>G. Carlton Marlowe</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 E. Commercial Blvd. Suite 100</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33334</b>
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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 *G. Carlton Marlowe*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/04  
DATE

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CALIENDO, SAM S 3350 N.W. BOCA RATON BLVD., SUITE A-2 BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mgr G. Carlton Marlowe 701 E. Commercial Blvd., # 100 Ft. Lauderdale, FL 33334</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *G. Carlton Marlowe, MGR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/04 954-771-1850  
Date Daytime Phone #