



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000032722 1. Entity Name BENS MARINA TWO, LLC						FILED 06 APR 11 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180				Mailing Address 18851 NE 29TH AVE. SUITE 1011 AVENTURA, FL 33180			
2. Principal Place of Business		3. Mailing Address		01232006 Chg-LLC CR2E083 (11/05)		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0804039		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29 AVE. SUITE 100 AVENTURA, FL 33180				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTATE FIELD GROUP INC 165 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 <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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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		
11. I hereby certify that the information supplied with this filing 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: _____				03/09/06 (305) 935-JORD Date Daytime Phone #			