2007 LIMITED LIABILITY COMPANY

Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT 04-25-2007 90043 004 ****50.00 DOCUMENT # L03000032722 1. Entity Name BENS MARINA TWO, LLC 60040597 Principal Place of Business Mailing Address 18851 NE 29TH AVE. 18851 NE 29TH AVE. **SUITE 1011** SUITE 1011 AVENTURA, FL 33180 AVENTURA, FL 33180 02012007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0804039 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. DO NOT WRITE 18901 NE 29 AVE. **SUITE 100** IN THIS SPACE AVENTURA, FL 33180 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.

Filing Fee is \$50.00 Due by May 1, 2007

Signature, typed or printed name of registered agent and title if applicable.

| 9. MANAGING MEMBERS/MANAGERS | |
|---------------------------------------|---------------|
| INTLE MGR NAME ESTATE FIELD GROUP INC | |
| STREET ADDRESS 165 GOLDEN BEACH DRIVE | |
| CITY-ST-ZIP GOLDEN BEACH, FL 33160 | |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP | |
| TITLE | |
| NAME STREET ADDRESS | |
| CITY-ST-ZIP | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE |
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| NAME STREET ADDRESS | |
| CITY-ST-ZIP | |
| TIFLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

(NOTE: Registered Agent aignature required when reinstating)

splied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information upurate 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 very contribute among the managing member or manager of the very contribute among the managing member or manager of the very contribute and the managing member or manager of the very contribute and the managing member or manager of the very contribute and the managing member of the very contribute and the managing member of the very contribute and the managing member of the very contribute and very contr I hereby certify that the information s indicated on this report is true and a limited liability company or the receiver.

SIGNATURE:

SIGNATURE AND TYPED O

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

DATE

Applied For

Not Applicable