2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # L03000054 Enjamin, llc	319)5 90077 047 *		
Principal Place	e of Business	Mailing Address			(111 <i>0</i>		
	VAY COMMERCE BLVD.	4 432 PARKWAY COMME O rlando, FL 32808	rce blyd.			_	1 	
2. Principal Place of Business 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012005	Chg-LLC	CR2E083 (1	0/03)	
City & State	ο	City & State		4. FEI Num	nor .	,	ΙĀŋ	plied For
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Zip	Country	Zip :	Country	20-03	10000	¢E (
^{2η} 3,2	801 USA	32801	USA		e of Status Desire	G G Fee F	O Add Required	
	6. Name and Address of Current	Registered Agent	Name :	7. Name ar	d Address of Ne	w Registered Agent		
SHOEMAKER, JOHN B								
	RWAY COMMERCE BLVD.		Street A	ddress (P.O. Box Num حصدہ		D/2		
OKLANDO), FL- 32608 -			 			-	
			City	LLA NOO		FL Z	ip Code	B-01
			1					
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its ri	egistered office or	registered agent, or b	oth, in the State of	Florida. I am familia	ır with, a	and accept
SIGNATURE 4)., 105								
SIGNATIONS.								
	Signature, typed printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	ire required when reinstating)		DATE		
Fi	Signature, typed of printed name of registered agent stilling Fee is \$50.00 ue by May 1, 2005	nd trie if applicable. (NOTE:	Registered Agent signati	ire required when reinstating)		DATE Take check payab Ida Department o		*
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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:	4/11/05	407 294 7931
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone # AXT /