2006 LIMITED LIABILITY COMPANY

Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-07-2006 90212 035 ****50.00 DOCUMENT # L03000054319 1. Entity Name SCOTT BENJAMIN, LLC Principal Place of Business Mailing Address 61 W. COLONIAL DRIVE **61 W. COLONIAL DRIVE** ORLANDO, FL 32801 ORLANDO, FL 32801 04022006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0516563 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B DO NOT WRITE 61 W. COLONIAL DRIVE ORLANDO, FL 32801 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: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SHOEMAKER, JOHN B NAME STREET ADDRESS 61 W COLONIAL DRIVE CITY-ST-ZIP ORLANDO, FL 32801 IME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 recuiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 409 294 7931

SIGNATURE:

City-St-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP

> SIGNATURE AND TYPED OR PE NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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