

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001139

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** BENTLEY REALTY GROUP, LLC

**Current Principal Place of Business:**

701 E. COMMERCIAL BLVD., SUITE 100  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

3350 NW 2ND AVE  
SUITE A-44  
BOCA RATON, FL 33431

**Current Mailing Address:**

701 E. COMMERCIAL BLVD., SUITE 100  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

3350 NW 2ND AVE  
BOCA RATON, FL 33431

FEI Number: 20-0825700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARLOWE, G. CARLTON  
701 E. COMMERCIAL BLVD., SUITE 100  
FORT LAUDERDALE, FL 33334 US

**Name and Address of New Registered Agent:**

CALIENDO, SAM  
3350 NW 2ND AVE  
A-44  
BOCA RATON, FL 33431 US

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.

SIGNATURE: SAM CALIENDO

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARLOWE, G. CARLTON  
Address: 701 E. COMMERCIAL BLVD., SUITE 100  
City-St-Zip: FORT LAUDERDALE, FL 33334

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CALIENDO, SAM  
Address: 3350 NW 2ND AVE # A-44  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAM CALIENDO

MGR

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date