


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/27/2005-90029-005-\$50.00-\$50.00 *
9/12/2005-90121-040-\$50.00-\$50.00

05 OCT 18 AM 9:14

DOCUMENT # L04000026669 1. Entity Name BENTLEY STABLES, LLC					
Principal Place of Business 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309			Mailing Address 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1100622 07152005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IPPOLITONICOLE 676 WEST PROSPECT ROAD FT LAUDERDALE, FL 33309			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
B. 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 September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MM NAME IPPOLITO, NICOLE <input type="checkbox"/> Delete STREET ADDRESS 676 W. PROSPECT RD CITY-ST-ZIP FT LAUDERDALE, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE _____ NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
REINSTATEMENT 2005					
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: <u>Nicole C. Ippolito</u> 9/2/05 954 275 9756					