

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030022

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: BENEFICIAL TORI PINES, LLC

**Current Principal Place of Business:**

6455 GATEWAY AVENUE  
SUITE A  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

6455 GATEWAY AVENUE  
SUITE A  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 20-2087442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO, FL 32801 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAXTON FAMILY HOLDIN, GS, LLC  
Address: 3131 CLARK RD STE 203  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAXTON FAMILY HOLDIN, GS, LLC  
Address: 6455 GATEWAY AVE, SUITE A  
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Change (X) Addition  
Name: PAXTON, DONALD W  
Address: 6455 GATEWAY AVE, SUITE A  
City-St-Zip: SARASOTA, FL 34231

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: DONALD W PAXTON

MGR

04/28/2006

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