

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036819

1. Entity Name
BENCAR PROPERTIES, LLC



Principal Place of Business
**11262 U.S. HIGHWAY 301
OXFORD, FL 34484**

Mailing Address
**11262 U.S. HIGHWAY 301
OXFORD, FL 34484**



04262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1708369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARUTHERS, REGINALD P
11262 U.S. HIGHWAY 301
OXFORD, FL 34484**

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARUTHERS, REGINALD P
11262 U.S. HIGHWAY 301
OXFORD, FL 34484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BENNETT, JAMES E
7390 S.E. HIGHWAY 42
SUMMERFIELD, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000540000
05/09/06-80122-003 50.00

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IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Reginald P. Caruthers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(Reginald P. Caruthers) 4/20/06 (352) 748-1182