

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000038031

1. Entity Name
BENNING GROUP, LLC



Principal Place of Business

**909 SANTA ROSA BOULEVARD
#161**

FORT WALTON BEACH, FL 32548 US

Mailing Address

**909 SANTA ROSA BOULEVARD
#161**

FORT WALTON BEACH, FL 32548 US



04102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1092895

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GENZLER, WILLIAM E JR.
909 SANTA ROSA BOULEVARD
#161
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
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	MGRM
NAME	GENZLER, WILLIAM E JR.
STREET ADDRESS	909 SANTA ROSA BOULEVARD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	MGRM
NAME	ORBECK, ARVID E JR.
STREET ADDRESS	P.O. BOX 7
CITY-ST-ZIP	NICEVILLE, FL 32588
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000531973
05/06/06-80064-021 55.00

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10 APR 06

661 816 0799