

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L04000048590	
1. Entity Name BENT TREE TOWNHOMES, LLC	



Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210
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2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA RD Suite, Apt. #, etc. 301	3. Mailing Address 5851 TIMUGUANA RD Suite, Apt. #, etc. 301
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32210	Country DUVAL

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0880917	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUGUANA RD Ste 301 City JACKSONVILLE FL Zip Code 32210	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5851 TIMUGUANA RD Ste 301 JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103589528 05/31/07--01002--015 **1511.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenyon S. Atlee 4-25-07 904-384-6964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #