

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052637

FILED  
Feb 17, 2006  
Secretary of State

Entity Name: BENCH MARK INVESTMENTS, LLC

## Current Principal Place of Business:

14712 SW 169 LN  
MIAMI, FL 33187

## New Principal Place of Business:

4750 NW 97 PL  
MIAMI, FL 33178

## Current Mailing Address:

14712 SW 169 LN  
MIAMI, FL 33187

## New Mailing Address:

4750 NW 97 PL  
MIAMI, FL 33178

FEI Number: 20-3214180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, PHAVEL  
14712 SW 169 LN  
MIAMI, FL 33187 US

## Name and Address of New Registered Agent:

RAMIREZ, PHAVEL  
4750 NW 97 PL  
MIAMI, FL 33178 US

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: PHAVEL A RAMIREZ

02/17/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DE RESTREPO, SUSANA  
Address: 789 CRANDON BLVD., STE. 904  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR (X) Delete  
Name: MOLINA, DAVID  
Address: 15351 SW 169 LANE  
City-St-Zip: MIAMI, FL 33187

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MOLINA, DAVID  
Address: 15351 SW 169 LANE  
City-St-Zip: MIAMI, FL 33187

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHAVEL A RAMIREZ

OFFI

02/17/2006

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