

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90028 004 ****50.00

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04242007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000052637 1. Entity Name BENCH MARK INVESTMENTS, LLC					
Principal Place of Business 4750 NW 97 PL MIAMI, FL 33178			Mailing Address 4750 NW 97 PL MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # 5201 BLUE LAGOON DR.		3. Mailing Address 5201 BLUE LAGOON DR.			
Suite, Apt. #, etc. # 831		Suite, Apt. #, etc. Suite # 831			
City & State Miami FL		City & State Miami FL			
Zip 33126		Country Miami-Dade		Zip 33126	
Country Miami-Dade		Country Miami-Dade			
4. FEI Number 20-3214180			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RAMIREZ, PHAVEL 4750 NW 97 PL MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 X 04-24-07 X <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME MOLINA, DAVID		TITLE MGR	NAME Ramirez, Phavel	
STREET ADDRESS 15351 SW 169 LANE	CITY - ST - ZIP MIAMI, FL 33187		STREET ADDRESS 4750 NW 97 PL	CITY - ST - ZIP MIAMI, FL 33178	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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: X 04-24-07 X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					