


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000065030

1. Entity Name
BENTON PROPERTIES, LLC



Principal Place of Business
**1702 AVE. M
 FT. PIERCE, FL 34950**

Mailing Address
**P.O. BOX 939
 FT. PIERCE, FL 34954**

DO NOT WRITE IN THIS SPACE



04132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0828961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENTON, MARGARET A ESQ.
 800 VIRGINIA AVE.
 SITE 10
 FT. PIERCE, FL 34982**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENTON, CLEM C JR. P.O. BOX 1089 FT. PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENTON, ARLENA L P.O. BOX 939 FT. PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENTON, MARGARET A 800 VIRGINIA AVE. SUITE 10 FT. PIERCE, FL 34982
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UD0000541301
 05/10/06-80054-001 50.00

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: *Margaret A. Benton* **4/26/2006** **777-466-0995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #