

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90027 008 ****50.00

DOCUMENT # L04000069407	
1. Entity Name FIRST SOUTHERN BENEVA, LLC	

Principal Place of Business 712 S. OREGON AVE., STE. 200 TAMPA, FL 33606	Mailing Address 712 S. OREGON AVE., STE. 200 TAMPA, FL 33606
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2. Principal Place of Business 1414 W SWANN AVE	3. Mailing Address 1414 W. SWANN AVE
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33606	Country USA



04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 61-1476309	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BOULEVARD, SUITE 309 TAMPA, FL 33629	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

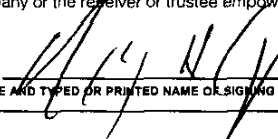
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUG 712 S. OREGON AVE., STE. 200 TAMPA, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, DOUG 1414 W. SWANN AVE, SUITE 100 TAMPA, FL 33606 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, KIMLYN M 712 S. OREGON AVE., STE. 200 TAMPA, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, KIMLYN M 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **DOUG JONES/MGR** **4/25/06** **813-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #