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May 05, 2006 8:00 am
Secretary of State
05-05-2006 90027 008 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069407

1. Entity Name
FIRST SOUTHERN BENEVA, LLC

Principal Place of Business	Mailing Address
712 S. OREGON AVE., STE. 200 TAMPA, FL 33606	712 S. OREGON AVE., STE. 200 TAMPA, FL 33606

04102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1414 W SWANN AVE	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	Zip: 33606 Country: USA

4. FEI Number: 61-1476309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNAMARA, THOMAS P 2909 BAY TO BAY BOULEVARD, SUITE 309 TAMPA, FL 33629	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (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	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	JONES, DOUG	NAME	JONES, DOUG
STREET ADDRESS	712 S. OREGON AVE., STE. 200	STREET ADDRESS	1414 W. SWANN AVE, SUITE 100
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	WALKER, KIMLYN M	NAME	WALKER, KIMLYN M
STREET ADDRESS	712 S. OREGON AVE., STE. 200	STREET ADDRESS	1414 W SWANN AVE, SUITE 100
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	TAMPA, FL 33606
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [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 #