2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000071114 1. Enbity Name				Feb 27, 2006 08:00 AM Secretary of State		
BENJAMI	N ROBSON, LLC					
Principal Place of Business		Mailing Address	,			
3361 N.E. 272 AVE OLD TOWN FL 32680		P.O. BOX 1691 OLD TOWN FL 32680)			
2. Principal Place of Business		3. Mailing Address		1 (20) (by any and any and any any and	H 1888) Had need need mile state of reserv	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2	E083 (10/05)	
City & State		City & State		4. FEI Number 14-8220180	Applied For Not Applicate	
Zip	Country	Zip	Country	5. Certificate of Status Desired	CE 00	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Regist	 :	
			Name	Name		
ROBSON, BENJAMIN 3361 N.E. 272 AVE OLD TOWN FL 32680			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
	named entity submits this statementions of registered agent.	nt for the purpose of changing it	s registered office or reg	istered agent, or both, in the State of Florida.	I am familiar with, and accep	
SIGNATURE.	Signature, typed or portled name of registered as	cent and title it applicable (NO	ITE: Registered Agent signature rec	gured when reinstablig)	DAGE	
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g.	MANAGING MEN	MBERS/MANAGERS	10.	ADDITIONS/CHA	NGES	
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NAME STREET ADDRESS	ROBSON, BENJAMIN P.O. BOX 1691		NAME - STREET ADDRESS	UNNNA4709 03/08/06-8003	2	
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11. I hereby indicated limited lit	certify that the information supplied to nothis report is true and accurate ability company or the receiver or tr	t with this filing does not qualify and that my signature shall ha rustee empowered to execute the	y for the exemptions con eve the same legal effect his report as required by	tamed in Section 119, Florida Statutes. I furit t as if made under oath; that I am a managir Chapter 608, Florida Statutes.	ter ceruly that the information og member or manager of the	

2/23/04

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