


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90115 007 ****50.00

DOCUMENT # L04000078838 1. Entity Name BEN CLARK SAND, LLC			
Principal Place of Business 24 WALTER MARTIN RD SUITE 3 FORT WALTON BEACH, FL 32548		Mailing Address 24 WALTER MARTIN RD SUITE 3 FORT WALTON BEACH, FL 32548	
2. Principal Place of Business 8286 Nuthatch Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4715 Suite, Apt. #, etc.	
Navarre, FL City & State		Fort Walton Beach, FL City & State	
32566 Country		32549 Country	
4. FEI Number 51-0535700		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 MEAD, MICHAEL W JR 24 WALTER MARTIN RD SUITE 3 FORT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name Michael Tidwell Street Address (P.O. Box Number is Not Acceptable) 801 N. Spring St. City Pensacola FL Zip Code 32501	
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] DATE 4/28/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENJAMIN, KNOWLTON J 8816 SAND PINE, DR NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Bodie Boudreaux 1189 Hindu Cove Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/26/05 850-565-0280 <small>Date Daytime Phone #</small>	