

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006975

FILED
Apr 28, 2007
Secretary of State

Entity Name: RLI BENEFICIAL HOLDINGS 2005 LLC

Current Principal Place of Business:

6455 GATEWAY AVENUE
SUITE A
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

6455 GATEWAY AVENUE
SUITE A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 34-2032468 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENT. FL., INC.
390 NORTH ORANGE AVENUE, STE. 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

B&C CORPORATE SERVICES OF CENT. FL., INC.
390 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/28/2007

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAXTON, DONALD W
Address: 6455 GATEWAY AVENUE, SUITE A
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: LOMAS, ROBERT K
Address: 10 GREY FOX RUN
City-St-Zip: CHAGRIN FALLS, OH 44022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LOMAS, HOPE S
Address: 10 GREY FOX RUN
City-St-Zip: CHAGRIN FALLS, OH 44022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD W. PAXTON

MGR

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date