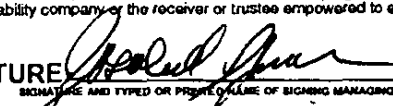


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 03, 2006 8:00 am
Secretary of State

04-17-2006 90054 013 ****50.00

DOCUMENT # L05000011473					
1. Entity Name 5510 BENTGRASS, LLC					
Principal Place of Business 450 BEACH ROAD #1 SARASOTA, FL 34242			Mailing Address 450 BEACH ROAD #1 SARASOTA, FL 34242		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02082006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20 2270980 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		
HYMAN, ROSALIND S 450 BEACH ROAD #1 SARASOTA, FL 34242			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 _____ (NOTE: Registered Agent signature required when renewing) 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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HYMAN, ROSALIND S		NAME		
STREET ADDRESS	450 BEACH ROAD, #1		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34242		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HYMAN, DENISE L		NAME		
STREET ADDRESS	2356 VINTAGE STREET		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34240		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 			Rosalind S. Hyman 2/14/06 941-349- 2770 X227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE Daytime Phone #		