## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Apr 15, 2008 8:00 am Secretary of State DOCUMENT #L05000011499 04-15-2008 90110 030 \*\*\*138.75 BENTROD BUILDERS, LLC Principal Place of Business Mailing Address 1947 NE 147TH AVE 1947 NE 147TH AVE 50003360 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business - No P.O. Box # 1947 NE 147 3. Mailing Address 1947 NE Suite, Apt. #, etc. Suite, Apt. #, etc 02132008 Chg-LLC CR2E083 (12/06) NO State Applied For 4. FEI Number 20-2278902 Not Applicable Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired 3181 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEWETT, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD, STE 508 HOLLYWOOD, FL 33020 City 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 reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR TITLE MGR ■ Addition ☐ Delete Jiese Kurt 147 N.E. 147 Jorth Mian WIESE, KURT D NAME NAME STREET ADDRESS 1947 NE 147TH AVE STREET ADDRESS CITY-ST-7IP NORTH MIAMI, FL 33181 CITY - ST - ZIP ☐ Delete TITLE ☐ Addition TITLE JOHNSON, ROBERT A NAME NAME STREET ADDRESS 1947 NE 147TH AVE STREET ADDRESS CHY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 filling 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:

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**