

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 023 \*\*\*\*55.00

**DOCUMENT # L05000011849**  
 1. Entity Name  
 5711 BENTGRASS DRIVE, UNIT 211, LLC



Principal Place of Business  
 5711 BENTGRASS DRIVE, UNIT 211  
 SARASOTA, FL 34235

Mailing Address  
 C/O BOB HYDE, MGRM  
 71 CHINCOPEE ROAD  
 LAKE HOPATCONG, NJ 07849



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 % Susan Hyde  
 71 Chincoppe Rd.  
 City & State  
 Lake Hopatcong NJ  
 Zip Country  
 07849 USA

08202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 25-1911921

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BOB, HYDE  
 2917 TUSCANY CT  
 UNIT 204  
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent  
 Name  
 Susan Hyde  
 Street Address (P.O. Box Number is Not Acceptable)  
 2917 TUSCANY CT  
 UNIT 204  
 City  
 Palm Beach Gardens FL Zip Code  
 33410

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 Susan Hyde MGRM DATE 8/20

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00 Due by September 14, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYDE, BOB 71 CHINCOPEE ROAD LAKE HOPATCONG, NJ 07849 <input checked="" 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	MGRM HYDE, SUSAN 71 CHINCOPEE ROAD LAKE HOPATCONG, NJ 07849 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan Hyde Susan Hyde DATE: 8/20/07 DAYTIME PHONE #: 9736636730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE