


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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address c/o Susan Hyde
Suite, Apt. #, etc.	Suite, Apt. #, etc. 71 Chincoppe Rd.
City & State	City & State Lk. Hopatcong NJ
Zip	Zip 07849
Country	Country 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	
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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	
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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
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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