

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029487

FILED
Mar 26, 2008
Secretary of State

Entity Name: BENJAMIN INVESTMENTS, LLC

Current Principal Place of Business:

1110 PENNSYLVANIA AVENUE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450037
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 20-2553804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADLEY, RICHARD W
1134 NEW YORK AVE
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

ARNOLD, GEORGE W
1110 PENNSYLVANIA AVENUE
ST. CLOUD, FL 34769 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: GEORGE W. ARNOLD

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNOLD, BENJAMIN W
Address: 1110 PENNSYLVANIA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM () Delete
Name: ARNOLD, GEORGE
Address: 1110 PENNSYLVANIA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM () Delete
Name: MCCUBBIN, DEATA M
Address: P.O. BOX 450037
City-St-Zip: KISSIMMEE, FL 34745

ADDITIONS/CHANGES:

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

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

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

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: DEATA M. MCCUBBIN

MGRM

03/26/2008

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