
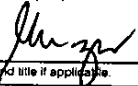



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90008 038 \*\*\*\*55.00

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<b>DOCUMENT # L05000029543</b> 1. Entity Name <b>BENZON AND CASTRO, LLC</b>																													
Principal Place of Business <b>4731 ATWOOD DRIVE</b> <b>ORLANDO, FL 32828 US</b>			Mailing Address <b>4731 ATWOOD DRIVE</b> <b>ORLANDO, FL 32828 US</b>																										
2. Principal Place of Business <b>4731 ATWOOD DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4731 ATWOOD DRIVE</b> Suite, Apt. #, etc.																											
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>		4. FEI Number <b>22-1596519</b>																									
Zip <b>32828</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>A1A REGISTERED AGENT INC.</b> <b>92 SADBERRY ROAD</b> <b>QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name <b>LUZ B. BENZON</b> Street Address (P.O. Box Number is Not Acceptable) <b>4731 ATWOOD DRIVE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32828</b>																										
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/10/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS / MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENZON, LUZ B.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4731 ATWOOD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32828</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BENZON, LUZ B.		STREET ADDRESS	4731 ATWOOD DRIVE		CITY-ST-ZIP	ORLANDO, FL 32828		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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MGRM CASTRO, THERESA T 521 KEY COURT ORLANDO, FL 32828			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <b>4/10/06</b> DAYTIME PHONE # <b>407-222-3702</b>																									