

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033694

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: BENSADON INVESTMENTS, LLC

**Current Principal Place of Business:**

6635 W. COMMERCIAL BLVD.  
114  
TAMARAC, FL 33319

**New Principal Place of Business:**

9327 NW 9TH PLACE  
PLANTATION, FL 33324

**Current Mailing Address:**

6635 W. COMMERCIAL BLVD.  
114  
TAMARAC, FL 33319

**New Mailing Address:**

9327 NW 9TH PLACE  
PLANTATION, FL 33324

FEI Number: 20-2632887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZVI RAFILOVICH, CPA, P.A.  
2229 SHERIDAN STREET  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BANSADON, TZFANIA  
Address: 6635 W. COMMERCIAL BLVD. #114  
City-St-Zip: TAMARAC, FL 33319

Title: MGRM ( ) Delete  
Name: BENSADON, SIMON  
Address: 6635 W. COMMERCIAL BLVD. #114  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BANSADON, TZFANIA  
Address: 9327 NW 9TH PLACE  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM (X) Change ( ) Addition  
Name: BENSADON, SIMON  
Address: 9327 NW 9TH PLACE  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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: ZVI RAFILOVICH, CPA

POA

04/06/2007

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