

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043319

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** BENTLEY REAL ESTATE INVESTORS I, LLC

**Current Principal Place of Business:**

36408 TRILBY ROAD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

36408 TRILBY ROAD  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 20-2967438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONALDSON, STEPHEN R  
36408 TRILBY ROAD  
DADE CITY, FL 33523 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: DONALDSON, STEPHEN R  
Address: 36408 TRILBY ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: MGRM ( ) Delete  
Name: DONALDSON, STEPHEN P  
Address: P.O. BOX 736  
City-St-Zip: TRILBY, FL 33593

Title: MGRM ( ) Delete  
Name: DONALDSON, CHRISTOPHER D  
Address: 36408 TRILBY ROAD  
City-St-Zip: DADE CITY, FL 33523

**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: STEPHEN R. DONALDSON

MR.

01/11/2008

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