

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90011 031 ****50.00

DOCUMENT # L05000056930 1. Entity Name BEN CONVERSIONS LLC			
Principal Place of Business 13155 SW 42 STREET #107 MIAMI FL 33175		Mailing Address 13155 SW 42 STREET #107 MIAMI FL 33175	
2. Principal Place of Business 7003 NORTH WATERWAY DR. Suite, Apt. #, etc. 219 City & State MIAMI, FL Zip 33155		3. Mailing Address 7003 NORTH WATERWAY DR. Suite, Apt. #, etc. 219 City & State MIAMI, FL Zip 33155	
4. FEI Number 20-2979810		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent NAVARRO, BERNARDO 13155 SW 42 STREET #107 MIAMI FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7003 NORTH WATERWAY DR. SUITE 219 City MIAMI FL Zip Code 33155	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEN DEVELOPMENT INC. 13155 SW 42 STREET #107 MIAMI FL 33175	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, BERNARDO 13155 SW 42 STREET #107 MIAMI FL 33175	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GILBERTO M. NAVARRO 7003 NORTH WATERWAY DRIVE SUITE 219 MIAMI, FL 33155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		GILBERTO M. NAVARRO, VP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/28/06	
(Empty)		Daytime Phone # 439 58 29	