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P.001/001

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 01, 2007 08:00 AM
Secretary of State**DOCUMENT # L05000056930**

1. Entity Name

BEN CONVERSIONS LLC



Principal Place of Business

7003 NORTH WATERWAY DR
219
MIAMI, FL 33155

Mailing Address

7003 NORTH WATERWAY DR
219
MIAMI, FL 33155

04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2979810

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, BERNARDO
7003 NORTH WATERWAY DR.
SUITE 219
MIAMI, FL 33155**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

Date

**Filing Fee is \$50.00
Due by May 1, 2007****9. MANAGING MEMBERS/MANAGERS**TITLE MGRM
NAME BEN DEVELOPMENT INC.
STREET ADDRESS 7003 NORTH WATERWAY DR., SUITE 219
CITY-ST-ZIP MIAMI, FL 33155TITLE MGR
NAME NAVARRO, BERNARDO
STREET ADDRESS 7003 NORTH WATERWAY DR., SUITE 219
CITY-ST-ZIP MIAMI, FL 33155TITLE VP
NAME NAVARRO, GILBERTO M
STREET ADDRESS 7003 NORTH WATERWAY DR., SUITE 219
CITY-ST-ZIP MIAMI, FL 33155TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000752072
05/21/07-80001-023 50.00**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone