

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057191

Entity Name: BENT OAK MOBILES, LLC

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

12612 NORTH 53RD STREET  
TEMPLE TERRACE, FL 33617 US

## New Principal Place of Business:

5004 EAST FOWLER AVENUE  
SUITE C-110  
TAMPA, FL 33617 US

## Current Mailing Address:

P.O. BOX 16087  
TAMPA, FL 33687 US

## New Mailing Address:

5004 EAST FOWLER AVENUE  
SUITE C-110  
TAMPA, FL 33617 US

FEI Number: 06-1749417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REAL ESTATE HOLDING GROUP, LLC  
12612 NORTH 53RD STREET  
TEMPLE TERRACE, FL 33617 US

## Name and Address of New Registered Agent:

REAL ESTATE HOLDING GROUP, LLC  
5004 EAST FOWLER AVENUE  
SUITE C-110  
TAMPA, FL 33617 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: REAL ESTATE HOLDING, GROUP, LLC  
Address: 12612 NORTH 53RD STREET  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: REAL ESTATE HOLDING, GROUP, LLC  
Address: 5004 EAST FOWLER AVENUE, SUITE C-110  
City-St-Zip: TAMPA, FL 33617 US

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: T P MOCKLER

MGR

03/31/2009

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