

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058190

Entity Name: BEBEN, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

20201 EAST COUNTRY CLUB DRIVE, UNIT 502  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20201 EAST COUNTRY CLUB DRIVE, UNIT 502  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-3288105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOPER, GLENN M  
150 SOUTH PINE ISLAND ROAD,  
SUITE 105  
PLANTATION, FL 33324 US

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

COOPER, GLENN M  
150 SOUTH PINE ISLAND ROAD,  
SUITE 540  
FORT LAUDERDALE, FL 33324 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:

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BEN HAMMOU, YVES  
Address: 20201 EAST COUNTRY CLUB DRIVE, UNIT 502  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: BENHAMOU, STEPHANE C  
Address: 47 BOULEVARD DE COURCELLES  
City-St-Zip: PARIS, FR 75008 FR

**ADDITIONS/CHANGES:**

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: YVES BEN HAMMOU

MGRM

04/28/2009

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