## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L05000077168** 1. Entity Name 01-13-2006 90037 005 \*\*\*\*50.00 BEN - MAR PROPERTIES N.C., L.L.C. Principal Place of Business Mailing Address 6934 HAYTER LANE **6934 HAYTER LANE** 60001433 LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-3266223 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDIN, BENJAMIN W JR. Street Address (P.O. Box Number is Not Acceptable) 6934 HAYTER LANE LAKELAND, FL 33813 City Zip Code 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 again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TTT F Delete MLE ☐ Change ☐ Addition HARDIN, MARY ANNE NAME NAME STREET ADDRESS 6934 HAYTER LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-7IP **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition HARDIN, BENJAMIN W JR. NAME NAME STREET ADDRESS 6934 HAYTER LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Delete TIBE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jan 13, 2006 8:00 am