
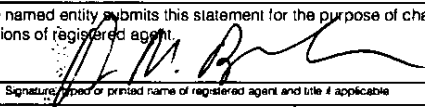
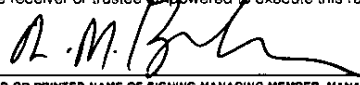


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90012 006 ****50.00

DOCUMENT # L05000093274 1. Entity Name THE BENHAM LAW FIRM, P.L.					
Principal Place of Business 2910 KERRY FOREST PKWY STE. D4-345 TALLAHASSEE, FL 32309-6828			Mailing Address 2910 KERRY FOREST PKWY STE. D4-345 TALLAHASSEE, FL 32309-6828		
2. Principal Place of Business 2804 Remington Green Cir.		3. Mailing Address 2804 Remington Green Cir.			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 20-3513916	
Zip 32308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENHAM, RICHARD M 2910 KERRY FOREST PKWY STE. D4-345 TALLAHASSEE, FL 32309-6828		7. Name and Address of New Registered Agent Name Richard Benham Street Address (P.O. Box Number is Not Acceptable) 2804 Remington Green Cir. Suite 4 City Tallahassee FL 32308			
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  R.M. Benham April 21, 2006 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>					
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENHAM, RICHARD M 2910 KERRY FOREST PKWY TALLAHASSEE, FL 323096828	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2804 Remington Green Cir., Suite 4 Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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 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:  R.M. Benham April 21, 2006 (850) 386-1871 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					