

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111344

FILED  
Jul 18, 2006  
Secretary of State

Entity Name: BENTLEY 143, LLC

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SACKS, DAVID E  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SACKS, DAVID E  
Address: 90 ALTON ROAD, SUITE 811  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: LOWIT, NAOMI  
Address: 90 ALTON ROAD, SUITE 811  
City-St-Zip: MIAMI BEACH, FL 33139

**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 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: DAVID E SACKS

MGRM

07/18/2006

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