

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052796

FILED
Apr 27, 2007
Secretary of State

Entity Name: BENTLEY BEVERAGE LC

Current Principal Place of Business:

1 SLEIMAN PARKWAY
SUITE 280
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

1 SLEIMAN PARKWAY
SUITE 280
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, ROBERT A
1 SLEIMAN PARKWAY
SUITE 280
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: HEEKIN, ROBERT A
Address: 1 SLEIMAN PARKWAY, SUITE 280
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR () Delete
Name: RODGERS, LOUANNE
Address: 7800 POINT MEADOWS DRIVE, #217
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: SMITH, CARL M JR.
Address: 4048 CORRIENTES COURT EAST
City-St-Zip: JACKSONVILLE, FL 32217 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT A. HEEKIN MGR 04/27/2007

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