

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060460

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Entity Name:** BENTRANI EXCLUSIVE, LLC

**Current Principal Place of Business:**

100 N. BISCAYNE BOULEVARD, SUITE 800  
MIAMI, FL 33132

**New Principal Place of Business:**

8880 NW 20TH STREET SUITE A  
DORAL, FL 33172

**Current Mailing Address:**

100 N. BISCAYNE BOULEVARD, SUITE 800  
MIAMI, FL 33132

**New Mailing Address:**

8880 NW 20TH STREET SUITE A  
DORAL, FL 33172

FEI Number: 20-5060901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENSADON, RODNEY R MGR  
100 NORTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33132 US

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

BENSADON, RODNEY R MGR  
8880 NW 20TH STREET SUITE A  
DORAL, FL 33172 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: RODNEY BENSADON

01/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENSADON, RODNEY RAFAEL  
Address: 100 N. BISCAYNE BOULEVARD, SUITE 800  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BENSADON, RODNEY RAFAEL  
Address: 8880 NW 20TH STREET SUITE A  
City-St-Zip: DORAL, FL 33172

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: RODNEY BENSADON

MGR

01/17/2008

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