

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90035 024 ****50.00

DOCUMENT # L06000080225					
1. Entity Name BENSON TWO, LLC					
Principal Place of Business 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			Mailing Address 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 5305 SAGO PALM BLVD		3. Mailing Address 5305 SAGO PALM BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMARAC FL		City & State TAMARAC FL		4. FEI Number 86-1174377	
Zip 33319		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		* Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME BENSON, STANLEY TRUSTEE STREET ADDRESS ONE S.E. THIRD AVENUE, SUITE 1940 CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete		TITLE MGR NAME BENSON, STANLEY TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 5305 SAGO PALM BLVD CITY-ST-ZIP TAMARAC FL 33319		
TITLE MGR NAME BENSON, GLADYS TRUSTEE STREET ADDRESS ONE S.E. THIRD AVENUE, SUITE 1940 CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> Delete		TITLE MGR NAME BENSON, GLADYS TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 5305 SAGO PALM BLVD CITY-ST-ZIP TAMARAC, FL 33319		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Gladys R. Benson</i>			1/25/07 954-484-0850		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		