2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000094491

FILED Apr 03, 2008 8:00 am Secretary of State

04-03-2008 90073 013 ***138.75

1. Entity Nam BENT PA		E MARY PARTNER	RS.LLC							
Principal Plac 2009 LONGW SUITE1015 LONGWOOD,	WOOD LAKE	MARY RD.	Mailing Address 2009 LONGWOOD LAKE MARY RD. SUITE1015 LONGWOOD,, FL 32750 US			60019411				
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252008	Chg-LLC	CR2E083	(12/06)	
City & State			City & State			4. FEI Numb		•		oplied For ot Applicable
Zip		Country	Zip Country		try		e of Status Desired		.00 Add	litional
	6. Name	and Address of Current	Registered Agent			7. Name an	d Address of New R			
					Name			•		
MUNIZZI, LEE 2009 LONGWOOD LAKE MARY RD. SUITE 1015					Street Address	s (P.O. Box Numb	per is Not Acceptable	9)		
LONGWO	OD, FL 3	2750			City			FI	Zip Code	e
8. The above	named entit	ly submits this statement to	r the purpose of changing it	s register	ed office or regist	ered agent, or be	oth, in the State of Flo	. – !	niliar with,	and accept
CIENATURE	J	for printed name of registered agents	and tills 4 and sand	*F. D-1	d Agent signature requir		······	0.75		
	Sig state typed	Jor printed rame of registered agent t	and title is applicable (NO	1E: Hegistere	d Agent signature requir	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florida Department of State				
			5				[e
				10.			[Department		e
After May		Fee will be \$538.75		10. TIIL	E		Florida	Department		e Addition
After May	MGRM MUNIZZI, 2009 LON	Fee will be \$538.75	RS/MANAGERS Delete	TITLI NAM STRE		STE 10	Florida ADDITIONS	Department	t of State	
9. HTLE NAME STREET ADDRESS	MGRM MUNIZZI, 2009 LON	Fee will be \$538.75 MANAGING MEMBE LEE NGWOOD LAKE MARY	RS/MANAGERS Delete	TITLI NAM STRE	E ET ADDRESS -ST-ZIP	STE 10	Florida ADDITIONS	Department	t of State	
9. HITLE NAME STREET ADDRESS CITY-SI-ZIP HILE NAME	MGRM MUNIZZI, 2009 LON LONGWO MGRM MUNIZZI,	MANAGING MEMBE LEE NGWOOD LAKE MARY DOD, FL 32750 SALVATORE B	RS/MANAGERS Delete RD. #1015	TITLE NAME STREET CHY	E EET ADDRESS -ST-ZIP E		ADDITIONS)	Department	Change	☐ Addition
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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 to be 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E. Lee Munizzi, MgrM
TYPED SE PRHYTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

3/28/08 407-771-4442 Date Daytime Phone #