2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096110

Entity Name: BENNETT 375, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1211 6TH STREET S.W. WINTER HAVEN, FL 33880	

Current Mailing Address:	**New Mailing Address:**
1211 6TH STREET S.W. WINTER HAVEN, FL 33880	1211 6TH STREET S.W. WINTER HAVEN, FL 33880

FEI Number: 20-8357334   FEI Number Applied For ( )   FEI Number Not Applicable ( )   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:**
LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 6152 DELANCEY STATION STREET, SUITE 205 RIVERVIEW, FL 33569 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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BENNETT, KENNETH A	Name:	
Address:	1541 NORTH LAKE SHIPP DRIVE S.W.	Address:	
City-St-Zip:	WINTER HAVEN, FL 33880	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BENNETT, KATHERINA L	Name:	
Address:	1541 NORTH LAKE SHIPP DRIVE S.W.	Address:	
City-St-Zip:	WINTER HAVEN, FL 33880	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: KENNETH A BENNETT   MGRM   05/01/2008

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