


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000104456

1. Entity Name
BEN & DAN PARTNERS, LLC



Principal Place of Business: **4808 FARRAGUT ROAD
BROOKLYN NY 11203
US**

Mailing Address: **4808 FARRAGUT ROAD
BROOKLYN NY 11203
US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**PLOTKA, EVAN B
CORAL SPRINGS EXECUTIVE TOWER
210 N UNIVERSITY DR - STE 301
CORAL SPRINGS FL 33071**

4. FEI Number: **20-5818043** Applied For: Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

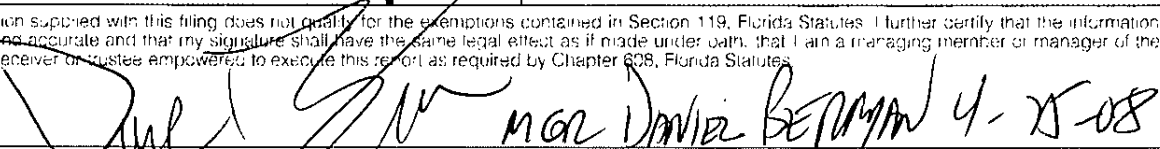
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when changing) DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMAN, BEN P.O. BOX 100790 CAPE CORAL FL 33910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000924905 05/20/08-80005-006 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMAN, DANIEL 4808 FARRAGUT ROAD BROOKLYN NY 11203 <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
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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 Section 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:  **MGR DANIEL BERMAN 4-25-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE