2007 LIMITED LIABILITY COMPANY

Aug 24, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000109044** 08-24-2007 90045 018 ****55.00 1. Entity Name BENÉLLI CAPITAL, LLC Principal Place of Business Mailing Address **567 PINEY ISLAND DRIVE** 567 PINEY ISLAND DRIVE FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07232007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-587081 Not Applicable Žip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. werw. Change MGR ☐ Addition Delete TITLE TITLE REDMOND, THOMS 567 PINEY ISLAND DRIVE NAME REDMOND, THOMAS STREET ADDRESS 567 PINEY ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP FERNANDINA REACH FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted employed to execute this report as required by Chapter 608, Florida Statutes.

THOMAS X, REDMOND

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

SIGNATURE:

FILED