2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 14, 2008 8:00 am Secretary of State **DOCUMENT # L07000006558** 05-14-2008 90078 046 ***138.75 Entity Name BENTLEY GLOBAL RESOURCES, LLC Principal Place of Business Mailing Address 3601 W. BAY TO BAY BLVD. 3601 W. BAY TO BAY BLVD. 60040955 TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business - No P.O. Box # 2955 WENTWORTH WAY 3. Mailing Address 2955 WENTWORTH WAY 05062008 CR2E083 (12/06) Chg-LLC City & State TAR POW 4. FEI Number 20-8140457 Applied For City & State TARPON SPRINGS FL SPRINGS Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENOVESE, CHARLES T. GENOVESE, CHARLES T JR. Street Address (P.O. Box Number is Not Acceptable) 2955 WENTWORTH WAY 3601 W. BAY TO BAY BLVD. TAMPA, FL 33629 City TARPON SPRINGS 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$138.75 Make check payable to Due by September 12, 2008 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR ☐ Delete TITLE Change ☐ Addition GENOVESE, CHARLES T JR. NAME NAME 2955 WENTWORTH WAY 3601 W. BAY TO BAY BLVD. STREET ADDRESS STREET ADDRESS TARPON SPRINGS FIL 34688 CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Change ☐ Addition GENOVESE, CAROL A NAME NAME STREET ADDRESS 2955 WENTWORTH WAY STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL. 34688 CITY-ST-ZIP MGR Change TITLE ☐ Delete TITLE ☐ Addition D'AGOSTINO, MATTHEW J NAME NAME 2.955 WENTWORTH WAY TARPON SORINGS, I-L STREET ADDRESS 3601 W. BAY TO BAY BLVD. STREET ADDRESS 34688 CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete ☐ Change ☐ Addition NAME 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED