

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000111

Entity Name: BENA, LC

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

2581 MAYFAIR LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2581 MAYFAIR LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-0474771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTROFF, NANCY G
10300 SUNSET DRIVE, STE. 135
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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:

Title: MGRM (X) Delete
Name: PASTROFF, EDWARD
Address: 6420 S.W. 50TH ST.
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: PASTROFF, NANCY G
Address: 6420 S.W. 50 STREET
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: DAVIS, ALAN J
Address: 2581 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: DAVIS, BARBARA H
Address: 2581 MAYFAIR LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN J DAVIS

MGRM

04/10/2006

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