

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90031 041 \*\*\*\*50.00

**DOCUMENT # M04000000037**

1. Entity Name  
**BENTLEY OAKS, LLC**



Principal Place of Business  
41 WEST INTERSTATE-65 SERVICES RD, NORTH  
SUITE 300  
MOBILE, AL 36608-1201

Mailing Address  
P.O. BOX 160306  
MOBILE, AL 36616-1306

**60050260**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**13-4255421**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPUS, JOSEPH  
3298 SUMMIT BLVD., #18  
PENSACOLA, FL 32503

Name **Frank M. Gammon, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**301 N. US Hwy. 27**

**Suite G**

City **Germant**

**FL**

Zip Code **34714**

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.

**FRANK GAMMON**

(NOTE: Registered Agent signature required when reinstating)

**4/27/06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
CMC PARTNERS, LLC  
P.O. BOX 160306  
MOBILE, AL 36616**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR  
KASUBRA, LLC  
P.O. BOX 160306  
MOBILE, AL 36616**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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.

SIGNATURE: **Joe B. Ota**

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

**4-25-07**

Date

**(251) 340-2421**

Daytime Phone #