

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003149

FILED
Jan 14, 2008
Secretary of State

Entity Name: BENTLEY PROPERTIES & MANAGEMENT, LLC

Current Principal Place of Business:

2702 E. STEVEN ST.
INVERNESS, FL 34453

New Principal Place of Business:

4319 N, LONGVALLEY ROAD
HERNANDO, FL 34442

Current Mailing Address:

2702 E. STEVEN ST.
INVERNESS, FL 34453

New Mailing Address:

4319 N, LONGVALLEY ROAD
HERNANDO, FL 34442

FEI Number: 20-2147188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENZWEIG, BETTY J
2702 E. STEVEN ST.
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

ROSENZWEIG, BETTY J
4319 N, LONGVALLEY ROAD
HERNANDO, FL 34442 US

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:

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSENZWEIG, BETTY J
Address: 2702 E. STEVEN ST.
City-St-Zip: INVERNESS, FL 34453

Title: MGR () Delete
Name: ROSENZWEIG, DANIELLE L
Address: 2620 HAMILTON DR
City-St-Zip: VOORHEES, NJ 08043

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSENZWEIG, BETTY J
Address: 4319 N. LONGVALLEY ROAD
City-St-Zip: HERNANDO, FL 34442

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

I hereby certify that the information supplied with this filing does not qualify 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: BETTY J ROSENZWEIG

MGM

01/14/2008

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