
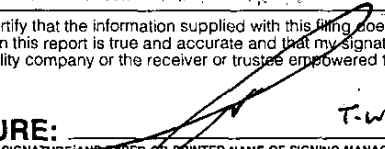


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90132 024 \*\*\*\*50.00

<b>DOCUMENT # L00000003231</b>					
1. Entity Name HEALTH BENEFITS ONLINE, LC					
Principal Place of Business 7149 SE RIVERS EDGE ST. JUPITER, FL 33458			Mailing Address P.O. BOX 2169 JUPITER, FL 33468		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0991807	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STRAUSS, JOSEPH A 7149 SE RIVERS EDGE ST. JUPITER, FL 33458			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRBA, CHRISTOPHER	NAME			
STREET ADDRESS	3060 TOTTKA COVE	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32779	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINZIK, DOUGLAS	NAME			
STREET ADDRESS	18280 S.E. RIDGEVIEW DR.	STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEVOCHT, STEFAN	NAME			
STREET ADDRESS	11463 SUNDANCE LN	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAISER, GERALD	NAME			
STREET ADDRESS	44 BACON RD.	STREET ADDRESS			
CITY-ST-ZIP	OLD WESTBURY, NY	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITFIELD, TIMOTHY	NAME			
STREET ADDRESS	5000 N. OCEAN BLVD., APT. 207	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: 		T. WHITEFIELD		MANAGER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Date	
		April 30, 2004		(954) 727 5012	

24063565



04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0991807 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State **FL** Zip Code

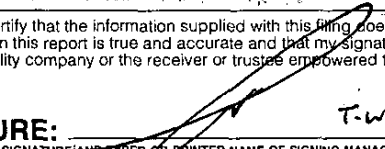
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 Date: April 30, 2004 (954) 727 5012  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE