

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026841

**FILED  
Jan 10, 2006  
Secretary of State**

**Entity Name:** DEFINED BENEFITS GROUP LLC

**Current Principal Place of Business:**

5334 WHITE IBIS DRIVE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

5334 WHITE IBIS DRIVE  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 54-2080740      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIES, WILLIAM W  
5334 WHITE IBIS DRIVE  
NORTH PORT, FL 34287      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: MGR      ( ) Delete  
Name: DAVIES, LYNN A  
Address: 5334 WHITE IBIS DRIVE  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES:**

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: WILLIAM W DAVIES      MGR      01/10/2006

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