

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 16, 2006
Secretary of State**

DOCUMENT# L05000050190

Entity Name: BENEFITS PLUS OF JACKSONVILLE LLC

Current Principal Place of Business:

New Principal Place of Business:

5467 RIVER TRAIL ROAD S.
JACKSONVILLE, FL 32277 US

Current Mailing Address:

New Mailing Address:

5467 RIVER TRAIL ROAD S.
JACKSONVILLE, FL 32277 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER STREET
SUITE 675
MIAMI, FL 33130 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SINK, SHERRILL R
Address: 5467 RIVER TRAIL ROAD S.
City-St-Zip: JACKSONVILLE, FL 32277 US

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

Title: MGRM () Delete
Name: SINK, MARY B
Address: 5467 RIVER TRAIL ROAD S.
City-St-Zip: JACKSONVILLE, FL 32277 US

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: SHERRILL R. SINK

MGRM

05/16/2006

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