

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90316 001 ***143.75

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| DOCUMENT # L0500011531 | |  | |
| 1. Entity Name OPEN SOURCE BENEFIT LLC | | | |
| Principal Place of Business 1150 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 US | | Mailing Address 1150 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 US | |
| 2. Principal Place of Business - No P.O. Box # <i>6361 Sunset DR</i> | | 3. Mailing Address <i>6361 Sunset DR</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>Miami, FL</i> | | City & State <i>Miami, FL</i> | |
| Zip <i>33143</i> | | Zip <i>33143</i> | |
| Country | | Country | |
| 4. FEI Number <i>20-3803579</i> | | Applied For | |
| NOT APPLICABLE | | Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL 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 _____ | | DATE _____ | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WRIGHT, ROSANNE 1500 SAN REMO AVE, SUITE 125 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>MGR</i> <i>Wright, Rosanne</i> <i>8401 SW 19 ST</i> <i>North Lauderdale, FL 33068</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Rosanne Wright</i> | | Date: <i>3/22/08</i> | Daytime Phone #: <i>305-805-7169</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |