

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004524
 1. Entity Name
THE BENEFITS PURCHASING EXCHANGE, LLC



Principal Place of Business ... Mailing Address
 1800 BEN FRANKLIN BLVD., UNIT A101 1800 BEN FRANKLIN BLVD., UNIT A101
 SARASOTA, FL 34236 SARASOTA, FL 34236
990 Boulevard of the Arts Unit 402



02252005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1079089 Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEWKIRK, KARL E
 3560 MISTLETOE LANE
 LONGBOAT KEY, FL 34228

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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)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, DONALD T 23512 QUAIL HOLLOW DR WESTLAKE, OH 44145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000255458
 03/08/05-80014-025 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donald Baker* 3/3/2005 440 726 6346 (C)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #