


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L00000004524</b> 1. Entity Name <b>THE BENEFITS PURCHASING EXCHANGE, LLC</b>	
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Principal Place of Business ... <b>1800 BEN FRANKLIN BLVD., UNIT A101 SARASOTA, FL 34236</b> <i>990 Boulevard of the Arts Unit 402</i>	Mailing Address <b>1800 BEN FRANKLIN BLVD., UNIT A101 SARASOTA, FL 34236</b>
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**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1079089</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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

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IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, DONALD T 23512 QUAIL HOLLOW DR WESTLAKE, OH 44145
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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:** *[Signature]* **3/3/2005 440 726 6346 (C)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #