

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90124 025 ****50.00

DOCUMENT # L00000015003
1. Entity Name
ATTORNEY BENEFIT PLANS LLC

954025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8201 Peters Road Suite, Apt. #, etc. Suite 1000		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-1058129		Applied For Not Applicable	
City & State Plantation, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 33324	Country USA	Zip	Country				

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name MARTIN H. COHEN		
	Street Address (P.O. Box Number is Not Acceptable) 600 N. Pine Island Road		
	Suite 450		
City Plantation		FL	Zip Code 33324

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.

SIGNATURE *Martin H. Cohen* **MARTIN H. COHEN** **4/25/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Judith A. Cohen 8201 Peters Rd., Suite 1000 Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judith A. Cohen* **Judith A. Cohen** **4/25/02** **954-442-1876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #