




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90077 013 \*\*\*\*50.00

<b>DOCUMENT # L02000002260</b> 1. Entity Name <b>BENEFITS IN A CARD, LLC</b>					
Principal Place of Business <b>300 EAST MCBEE AVE SUITE 300 GREENVILLE, SC 29601</b>			Mailing Address <b>300 EAST MCBEE AVE SUITE 300 GREENVILLE, SC 29601</b>		
2. Principal Place of Business - No P.O. Box # <b>201 East McBee Ave Suite 300A</b>		3. Mailing Address <b>201 East McBee Ave. Suite 300A</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02272007    Chg-LLC    CR2E083 (12/06)	
City & State <b>Greenville, SC</b>		City & State <b>Greenville, SC</b>		4. FEI Number <b>32-0025684</b>	
Zip <b>29601</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>29601</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AGM3 CORP 4495 ROOSEVELT BLVD SUITE 304 STE # 188 JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STODGHILL, CURTIS 300 E MCBEE AVENUE SUITE 300 FIVE GREENVILLE, SC 29601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Stodghill, Curtis 201 East McBee Ave, Suite 300A Greenville, SC 29601</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		<b>3/1/07</b>		<b>864-271-0966</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	