## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000005407

Entity Name: BENEFIT AGENCY ASSOCIATES, LLC

FILED Jan 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5126 SAN JOSE ST. 2662 DICK WILSON DRIVE TAMPA, FL 33629 SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

5126 SAN JOSE ST. 2662 DICK WILSON DRIVE TAMPA, FL 33629 SARASOTA, FL 34240

FEI Number: 45-0468818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSCHE, BARRY
5126 SAN JOSE ST.
CORBETT, BARBARA
2662 DICK WILSON DRIVE
TAMPA, FL 33629
SARASOTA, FL 34240

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: BARBARA CORBETT 01/07/2004

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: P ( ) Delete Title: MGR (X) Change ( ) Addition Name: CORBETT, BARBARA M Name: CORBETT, BARBARA

 Address:
 2662 DICK WILSON DR
 Address:
 2662 DICK WILSON DR

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 SARASOTA, FL 34240

Title: VPS (X) Delete Title: ( ) Change ( ) Addition Name: Name:

 Name:
 RUSCHE, BARRY
 Name:

 Address:
 5126 SAN JOSE
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA CORBETT MGR 01/07/2004