

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023041

FILED
May 10, 2004
Secretary of State

Entity Name: MEMBER PLANS, L.L.C.

Current Principal Place of Business:

2304 KILLEARN CENTER BLVD
SUITE B
TALLAHASSEE, FL 32309 US

Current Mailing Address:

PO BOX 15637
TALLAHASSEE, FL 32317

New Principal Place of Business:

2931 KERRY FOREST PARKWAY
SUITE 203
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 22-3872657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAHER, STEVE
2304 KILLEARN CENTER BLVD., SUITE B
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

SHAHER, STEVE
2931 KERRY FOREST PARKWAY
SUITE 203
TALLAHASSEE, FL 32309 US

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: STEVE SHAHER

05/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SHAHER, STEVE
Address: 3054 SHAMROCK NORTH
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: SHAHER, JERRY G JR.
Address: 1218 BRIARCLIFF
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STEVE SHAHER

MGRM

05/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date