

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
24061464



03232004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000001909					
1. Entity Name SEITLIN H.R. BENEFITS, LLC					
Principal Place of Business 6700 N. ANDREWS AVENUE, STE. 300 FORT LAUDERDALE, FL 33309			Mailing Address 6700 N. ANDREWS AVENUE, STE. 300 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address PO Box 025220			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami FL			
Zip	Country	Zip	Country	4. FEI Number 59-2231013	
3302	USA	3302	USA	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., STE. 107 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name M. Stephen Jackman Street Address (P.O. Box Number is Not Acceptable) 2001 NW 107 Ave Suite 200 City Miami FL Zip Code 33172		
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			DATE 4-28-04		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEITLIN H. COMPANY - MAEM <input type="checkbox"/> Change <input type="checkbox"/> Addition 2001 NW 107 Ave, Ste 200 Miami, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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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)(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:			M. Stephen Jackman 4-28-04 305-591-0090 Date Daytime Phone #		