


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023200 1. Entity Name AMERICAN FAMILY BENEFITS PLUS, LLC	
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Principal Place of Business 132 43RD AVENUE, S.W. VERO BEACH, FL 32968	Mailing Address 132 43RD AVENUE, S.W. VERO BEACH, FL 32968
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1472276	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ANDREWS, JOSEPH T SR
132 43RD AVENUE, S.W.
VERO BEACH, FL 32968

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEARN, JOSEPH M 6550 N. FEDERAL HIGHWAY STE.300 FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDREWS, JOSEPH T SR 132 43RD AVENUE, S.W. VERO BEACH, FL 32968
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPRADLING, MARK W 132 43RD AVENUE, S.W. VERO BEACH, FL 32968
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000370334
07/05/05-80011-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-29-05 772-978-9510