

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90018 001 \*\*\*\*50.00

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<b>DOCUMENT # L03000039869</b> 1. Entity Name STARBRIDGE BENEFITS SOLUTIONS, LLC					
Principal Place of Business 331 SO. FLORIDA AVENUE SUITE 200 LAKELAND, FL 33801 US			Mailing Address 101 E. KENNEDY BLVD. SUITE 1250 TAMPA, FL 33602 US		
2. Principal Place of Business 331 South Florida Ave. Suite, Apt. #, etc. Suite 400		3. Mailing Address 331 South Florida Ave. Suite, Apt. #, etc. Suite 400		03282005    Chg-LLC    CR2E083 (10/03)	
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 61-1463447	
Zip 33801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ATKINSON, JOHN M 101 E. KENNEDY BLVD. SUITE 1250 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name    Eanett, Darlene D. Street Address (P.O. Box Number is Not Acceptable) 331 S. Florida Ave., Suite 400 City    Lakeland <b>FL</b> Zip Code    33801-4626	
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 <u>Darlene Eanett</u> <u>Darlene Eanett</u> <u>4-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATKINSON, JOHN M 101 E. KENNEDY BLVD. TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eanett, Darlene D 331 S. Florida Ave., Suite 400 Lakeland, FL 33801-4626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael Gardyasz 331 S. Florida Ave., Suite 400 Lakeland, FL 33801-4626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Darlene Eanett</u> <u>Darlene Eanett</u> <u>4-8-05</u> <u>863-687-4010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					