

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040006

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: EMPLOYEE BENEFITS SOLUTIONS LLC

## Current Principal Place of Business:

1610 NORTH OCEAN BLVD.  
SUITE 502  
POMPANO BEACH, FL 33062 US

## New Principal Place of Business:

3200 N.E. 14 ST  
SUITE 234  
POMPANO BEACH, FL 33062 US

## Current Mailing Address:

1610 NORTH OCEAN BLVD.  
SUITE 502  
POMPANO BEACH, FL 33062 US

## New Mailing Address:

FEI Number: 80-0081547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PENTLAND, GRAEME  
1610 NORTH OCEAN BLVD.  
SUITE 502  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PENTLAND, GRAEME  
Address: 1610 NORTH OCEAN BLVD., SUITE 502  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM ( ) Delete  
Name: PENTLAND, MAUREEN  
Address: 1610 NORTH OCEAN BLVD., SUITE 502  
City-St-Zip: POMPANO BEACH, FL 33062 US

## 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: GRAEME PENTLAND

MGRM

01/07/2004

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