2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003008

1. Entity Name
EMPLOYEE BENEFITS CONSULTING GROUP LLC

60005664

Principal Place of Business	Mailing Address
16651 KEYLIME BLVD LOXAHATCHEE, FL 33470	16651 KEYLIME BLVD LOXAHATCHEE, FL 33470

01232008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number — NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAYNON, MARIA T 16651 KEYLIME BLVD LOXAHATCHEE, FL 33-4701	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAYNON, MARIA T		NAME	
STREET ADDRESS	16651 KEYLIME BLVD		STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAYNON, EUGENE E		NAME	
STREET ADDRESS	16651 KEYLIME BLVD		STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Maria T. Baynon_   1/24/08   561-793-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #