

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015222

Entity Name: BENEFITS PEOPLE, L.L.C.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

2714 REW CIRCLE  
SUITE 300  
OCOOE, FL 34761 US

## New Principal Place of Business:

PO BOX 1207  
OAKLAND, FL 34760 US

## Current Mailing Address:

2714 REW CIRCLE  
SUITE 300  
OCOOE, FL 34761 US

## New Mailing Address:

PO BOX 1207  
OAKLAND, FL 34760 US

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

## Name and Address of Current Registered Agent:

MOHAWK 3, LLC  
2714 REW CIRCLE  
SUITE 300  
OCOOE, FL 34761 US

## Name and Address of New Registered Agent:

MOHAWK 3, LLC  
PO BOX 1207  
OAKLAND, FL 34760 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: MOHAWK 3, LLC,  
Address: 2714 REW CIRCLE, STE 300  
City-St-Zip: OCOOE, FL 34761 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MOHAWK 3, LLC,  
Address: PO BOX 1207  
City-St-Zip: OAKLAND, FL 34760 US

Title: MGRM ( ) Change (X) Addition  
Name: CUDA CAPITAL, LLC,  
Address: PO BOX 1207  
City-St-Zip: OAKLAND, FL 34760

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: SEAN CUDA

MGRM

04/29/2005

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