

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096759

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** HEALTHNET BENEFITS CONSULTING, LLC

**Current Principal Place of Business:**

12301 NW 13TH COURT  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

12301 NW 13TH COURT  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 84-1691408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTOINE, ESTHER  
12301 NW 13TH COURT  
PEMBROKE PINES, FL 33026 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANTOINE, ESTHER  
Address: 12301 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: ANTOINE, ESTHER  
Address: 12301 NW 13TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ESTHER ANTOINE

PRES

03/02/2006

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