

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90316 001 \*\*\*143.75

<b>DOCUMENT # L05000111531</b> 1. Entity Name <b>OPEN SOURCE BENEFIT LLC</b>			
Principal Place of Business <b>1150 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 US</b>		Mailing Address <b>1150 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6361 Sunset DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>6361 Sunset DR</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33143</b>		City & State <b>Miami, FL</b> Zip <b>33143</b>	
4. FEI Number <b>20-3803579</b> <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE SUITE 125 CORAL GABLES, FL 33146</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WRIGHT, ROSANNE 1500 SAN REMO AVE, SUITE 125 CORAL GABLES, FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Wright, Rosanne 8401 SW 19 ST North Lauderdale, FL 33068</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: <u>Rosanne Wright</u></b>		<b>3/22/08</b>	<b>305-805-7169</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #