

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005896

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

FILED  
Jan 02, 2007  
Secretary of State

**Current Principal Place of Business:**

235 3RD STREET SOUTH  
SUITE 300  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

235 3RD STREET SOUTH  
SUITE 300  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 20-4130058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JENSEN, PAUL C  
2001 16TH STREET NORTH  
ST. PETERSBURG, FL 33704 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: MGR ( ) Delete  
Name: LECLAIR, NORMAN  
Address: 235 3RD STREET SOUTH, SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

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 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: NORMAN LECLAIR

MGR

01/02/2007

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