2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000056364

1. Entity Name
GROUP BENEFITS ENTERPRISES LLC

Principal Place of Business	Mailing Address
1551 NORTH FLAGLER DRIVE 1116 WEST PALM BEACH, FL 33401	1551 NORTH FLAGLER DRIVE 1116 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
11-3785334
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CECCHINI, WALTER R JR
1551 NORTH FLALGER DRIVE
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CECCHINI, WALTER R JR
STREET ADDRESS	1551 NORTH FLAGLER DRIVE #1116
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	LAZRUS, SHERMAN
STREET ADDRESS	P.O. BOX 4083
CITY-ST-ZIP	SILVERSPRING, MD 20914
TITLE	MGRM
NAME	PELLEGRIN, DANIEL
STREET ADDRESS	2201 PINEVIEW ST
CITY-ST-ZIP	TEXARKANA, AR 71854
TITLE	MGRM
NAME	FULLER, DALE
STREET ADDRESS	101 STURBRIDGE
CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000608285
02/01/07-80004-006 55.00

DO NOT WRITE IN THIS SPACE

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: Walter R. Cecchini Jr. 1-23-07 (561) 837-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #