

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056364

FILED
Jun 23, 2009
Secretary of State

Entity Name: GROUP BENEFITS ENTERPRISES LLC

Current Principal Place of Business:

1551 NORTH FLAGLER DRIVE
1116
WEST PALM BEACH, FL 33401

New Principal Place of Business:

3800 NORTH OCEAN DRIVE
1050
SINGER ISLAND, FL 33404

Current Mailing Address:

1551 NORTH FLAGLER DRIVE
1116
WEST PALM BEACH, FL 33401

New Mailing Address:

3800 NORTH OCEAN DRIVE
1050
SINGER ISLAND, FL 33404

FEI Number: 11-3783334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CECCHINI, WALTER R JR
3800 NORTH OCEAN DR
APT. 1050
SINGER ISLAND, FL 33404 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: WALTER R. CECCHINI JR.

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CECCHINI, WALTER R JR
Address: 1551 NORTH FLAGLER DRIVE #1116
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: LAZRUS, SHERMAN
Address: P.O. BOX 4083
City-St-Zip: SILVERSPRING, MD 20914

Title: MGRM () Delete
Name: PELLEGRIN, DANIEL
Address: 2201 PINEVIEW ST
City-St-Zip: TEXARKANA, AR 71854

Title: MGRM () Delete
Name: FULLER, DALE
Address: 101 STURBRIDGE
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CECCHINI, WALTER R JR
Address: 3800 NORTH OCEAN DR, #1050
City-St-Zip: SINGER ISLAND, FL 33404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WALTER R. CECCHINI JR.

MGR

06/23/2009

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