2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# L06000074928

Entity Name: PROTECTION BENEFITS LLC

Current Principal Place of Business:

1962 NE 5TH STREET
SUITE #1
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

10693 WILES ROAD STE 235
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 03-0601301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHICKLER, NIKI
1962 NE 5TH STREET
SUITE #1
DEERFIELD BEACH, FL 33441 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:	SCHICKLER, NIKI	
Address:	1962 NE 5TH STREET, SUITE #1	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	MGRV	(X) Delete
Name:	ROBINSON, DONNA L	
Address:	10604 NW 49TH STREET	
City-St-Zip:	CORAL SPRINGS, FL 33076	
Title:	T	(X) Delete
Name:	ROBINSON, DONNA L	
Address:	10604 NW 49TH STREET	
City-St-Zip:	CORAL SPRINGS, FL 33076	

ADDITIONS/CHANGES:

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 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: NIKI SCHICKLER MGR 04/16/2007

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