

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108650

FILED
Jul 23, 2007
Secretary of State

Entity Name: CONSUMER BENEFIT PROGRAMS, LLC

Current Principal Place of Business:

8949 EASTMAN DR
TAMPA, FL 33626

New Principal Place of Business:

5605 TPC BLVD
LUTZ, FL 33558

Current Mailing Address:

8949 EASTMAN DR
TAMPA, FL 33626

New Mailing Address:

5605 TPC BLVD
LUTZ, FL 33558

FEI Number: 20-5850814 **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:

GUEVARA, ERWIN JR.
8949 EASTMAN DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ROBLES, ANTHONY
5605 TPC BLVD
LUTZ, FL 33558 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: ANTHONY ROBLES

07/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUEVARA, ERWIN JR.
Address: 8949 EASTMAN DR
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROBLES, ANTHONY
Address: 5605 TPC BLVD
City-St-Zip: LUTZ, FL 33558 US

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: ANTHONY ROBLES

MGR

07/23/2007

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