2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L07000105702

Entity Name: CARLISLE BENEFIT PLANS, LLC

Current Principal Place of Business:

4327 WORTHINGTON CIRCLE
PALM HARBOR, FL 34685 US

New Principal Place of Business:

2710 ALT. 19 N., SUITE 401-C
PALM HARBOR, FL 34683 US

Current Mailing Address:

4327 WORTHINGTON CIRCLE
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 51-0655129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAMM, ROBERT F
4327 WORTHINGTON CIRCLE
PALM HARBOR, FL 34685 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: BOBEL, HELEN J
Address: 4327 WORTHINGTON CIRCLE
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BOBEL, HELEN J
Address: 4327 WORTHINGTON CIRCLE
City-St-Zip: PALM HARBOR, FL 34685 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: HELEN J BOBEL MGRM 01/19/2009

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