2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000106273

Entity Name: CASSANDRA EMPLOYEE BENEFITS GROUP, LLC

Current Principal Place of Business:

8198 JOG ROAD
SUITE # 200
BOYNTON BEACH, FL 33472

New Principal Place of Business:

Current Mailing Address:

8198 JOG ROAD
SUITE # 200
BOYNTON BEACH, FL 33472

New Mailing Address:

FEI Number: 26-3760456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSANDRA, JOHN E
8198 JOG ROAD
SUITE # 200
BOYNTON BEACH, FL 33472 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:	MGRM	( ) Delete
Name:	CASSANDRA, JOHN E	
Address:	8198 JOG ROAD, SUITE # 200	
City-St-Zip:	BOYNTON BEACH, FL 33472	
Title:	MGR	( ) Delete
Name:	CASSANDRA FINANCIAL GROUP	
Address:	8198 JOG ROAD, SUITE # 200	
City-St-Zip:	BOYNTON BEACH, FL 33472	
Title:	MGR	( ) Delete
Name:	CASSANDRA, TRACI L	
Address:	8198 JOG ROAD, SUITE # 200	
City-St-Zip:	BOYNTON BEACH, FL 33472	

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 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: JOHN E CASSANDRA MGRM 04/30/2009

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