2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# L99000004927

Entity Name: DESIGN BENEFITS, L.L.C.

Current Principal Place of Business:

5150 PRAIRIE DUNES VILLAGE CIR.
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5150 PRAIRIE DUNES VILLAGE CIR.
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-3604215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAZIO, JOE
5150 PRAIRIE DUNES VILLAGE CIR.
LAKE WORTH, FL 33463 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/MEMBERS:

Title: MGR ( ) Delete
Name: FAZIO, JOE
Address: 5150 PRAIRIE DUNES VILLAGE CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR ( ) Delete
Name: MONTALBANO, JOSEPH
Address: 1321 DAWSBURY WAY
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: JOSEPH V. FAZIO MR. 07/01/2004

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