2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# M04000002358

Entity Name: BENEFIT GUARANTY, LLC

Current Principal Place of Business:

300 E MCBEE AVE
STE 300
GREENVILLE, SC 29601 US

New Principal Place of Business:

201E MCBEE AVE
STE 300A
GREENVILLE, SC 29601 US

Current Mailing Address:

300 E MCBEE AVE
STE 300
GREENVILLE, SC 29601 US

New Mailing Address:

201E MCBEE AVE
STE 300A
GREENVILLE, SC 29601 US

FEI Number: 37-1463188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: STECKER, CARL
Address: 300 E MCBEE AVE STE 300
City-St-Zip: GREENVILLE, SC 29601

Title: MGR ( ) Delete
Name: KEEGAN, ROBERT J
Address: 300 E MCBEE AVE, STE 300
City-St-Zip: GREENVILLE, SC 29601

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STECKER, CARL
Address: 201E MCBEE AVE STE 300A
City-St-Zip: GREENVILLE, SC 29601

Title: MGR (X) Change ( ) Addition
Name: KEEGAN, ROBERT J
Address: 201 E MCBEE AVE, STE 300A
City-St-Zip: GREENVILLE, SC 29601

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: ROBERT J KEEGAN MGR 01/09/2007

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