

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000864

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

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

76 MAIN STREET  
MATAWAN, NJ 07747

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NFP, 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**New Mailing Address:**

FEI Number: 20-1517991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: S ( ) Delete  
Name: MCCLOSKEY, ROBERT J  
Address: 76 MAIN STREET  
City-St-Zip: MATAWAN, NJ 07747 US

Title: PT ( ) Delete  
Name: MCCLOSKEY, ROBERT G  
Address: 76 MAIN STREET  
City-St-Zip: MATAWAN, NJ 07747 US

Title: V ( ) Delete  
Name: LIESER, LORI M  
Address: 500 W. MADISON STREET, SUITE 2400  
City-St-Zip: CHICAGO, IL 60661

Title: M (X) Delete  
Name: ZUCCARO, ROBERT S  
Address: 787 SEVENTH AVENUE  
City-St-Zip: CHICAGO, IL 10019

**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:

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: LORI M. LIESER

V

04/13/2009

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