2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000233

Name:

Address:

City-St-Zip:

2210 VANDERBILT BEACH ROAD, SUITE 1203

NAPLES, FL 34109

Entity Name: EMPOWER BENEFITS LLC

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2210 VANDERBILT BEACH ROAD **SUITE 1203** NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 2210 VANDERBILT BEACH ROAD **SUITE 1203** NAPLES, FL 34109 FEI Number: 20-4045857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM MALONE, ZACH COO 2210 VANDERBILT BEACH ROAD 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 SUITE 1203 NAPLES, FL 34109 US 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: ZACH MALONE 02/23/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete PITINO, MICHAEL Name: Name: 9505 WILLIAMSBURG PLAZA, SUITE 101 Address: Address: City-St-Zip: LOUISVILLE, KY 40222 City-St-Zip: Title: MGR Title: () Change () Addition () Delete Name: O'NAN, LES Name: Address: 9505 WILLIAMSBURG PLAZA, SUITE 101 Address: City-St-Zip: LOUISVILLE, KY 40222 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VASWANI, NÈIL Name: Name: 2210 VANDERBILT BEACH ROAD, SUITE 1203 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MALONE, ZACH

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ZACH MALONE 02/23/2009