


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000274 MAXIMUM BENEFITS, L.L.C. 315 GILMER FERRY ROAD BALL GROUND GA 30107		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold;">97 APR 28 AM 8:40</div> <div style="text-align: center; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 1a. Principal Place of Business Address 315 GILMER FERRY ROAD BALL GROUND GA 30107 <i>mwg</i>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 07/22/1996		3a. State of Formation GA	
4. FEI Number 58-2215871		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> SR 75 Additional Fee Required	
7. Name and Address of Current Registered Agent TUCKER, ROBERT D 1202 BEACHCREST 3768 HIGHWAY 30-A SEAGROVE BEACH FL 32459		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002167492 -05/06/97-01072-029 ****203.75 ****203.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <i>[Signature]</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2/3/97</u>	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COUNCIL, MICHAEL O	186 HUNT DRIVE	CORDELLE GA
MGR	BRANDS, JAMES E	4330 BANCROFT VALLEY	ALPHARETTA GA
MGR	TUCKER, ROBERT D	1202 BEACHCREST, 3768 HIGH	SEAGROVE BEACH FL
MGR	BARRON, JOHN F	1202 BEACHCREST, 3768 HIGH	SEAGROVE BEACH FL
MGR	MOON, ELIZABETH P	970 E. PEARL STREET	MONTICELLO FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		Date <u>2/3/97</u> Daytime Phone # <u>904 231 1630</u>	