


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 29 PM 3: 10

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** 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**

1a. Principal Place of Business Address  
  
**315 GILMER FERRY ROAD**  
**BALL GROUND GA 30107**

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/22/1996	GA
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		5. Date of Last Report	6. Certificate of Status Desired
				04/28/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
<b>TUCKER, ROBERT D</b> <b>1202 BEACHCREST</b> <b>3768 HIGHWAY 30-A</b> <b>SEAGROVE BEACH FL 32459</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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

**500002512355--0**  
**-05/06/98--01008--004**  
**\*\*\*\*188.75 \*\*\*\*188.75**

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: *John F. Barron*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #