

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000274

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

FILED  
Feb 05, 2004  
Secretary of State

**Current Principal Place of Business:**

315 GILMER FERRY ROAD  
BALL GROUND, GA 30107

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 220  
BALL GROUND, GA 301070220

**New Mailing Address:**

FEI Number: 58-2215871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARROW, JOHN F  
502 BEACHCREST  
3768 HIGHWAY 30-A  
SEAGROVE BEACH, FL 32459 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/MEMBERS:**

Title: CEO ( ) Delete  
Name: TUCKER, ROBERT D  
Address: 405 TOWNSEND PLACE  
City-St-Zip: ATLANTA, GA 30327

Title: P ( ) Delete  
Name: BARRON, JOHN F  
Address: 1202 BEACHCREST, 3768 HIGHWAY 30-A  
City-St-Zip: SEAGROVE BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TUCKER, ROBERT D  
Address: 405 TOWNSEND PLACE  
City-St-Zip: ATLANTA, GA 30327

Title: MGRM (X) Change ( ) Addition  
Name: BARRON, JOHN F  
Address: 1202 BEACHCREST, 3768 HIGHWAY 30-A  
City-St-Zip: SEAGROVE BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 D. TUCKER

MGR

02/05/2004

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