2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State
05-11-2004 90001 026 ****50.00

DOCUMENT # L00000009878

1. Entity Name
HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF SOUTH FLORIDA, L.L.C.

24071525

Principal Place of Business	Mailing Address
1900 GLADES ROAD 201 BOCA RATON, FL 33431	1020 NORTH ORLANDO AVENUE MAITLAND, FL 32751

05032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667172
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BREEN, JAMES H
1020 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KRAUSERT, THOMAS J
STREET ADDRESS	6081 VIA VENETIA N
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	V
NAME	SIBLEY, B. CRAIG
STREET ADDRESS	~~2521 DELORAINE TRAIL~~ 2035 KING ARTHUR CIRCLE
CITY-ST-ZIP	~~MELBOURNE, FL 32751~~ MAITLAND FL 32751
TITLE	T
NAME	BREEN, JAMES H
STREET ADDRESS	~~466 CHICKEE COURT~~ 3396 STERLING RIDGE COURT
CITY-ST-ZIP	~~LAKE MARY, FL 32746~~ LONGWOOD FL 32779
TITLE	S
NAME	JAMES, TERRY L
STREET ADDRESS	~~1831 S SUMMERLIN~~ 438 E GRANT ST.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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.

SIGNATURE: JAMES H. BREEN 5-3-04 407-647-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #