2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# L00000009878

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

Current Principal Place of Business:

1900 GLADES ROAD
201
BOCA RATON, FL 33431

New Principal Place of Business:

1900 GLADES ROAD
SUITE 201
BOCA RATON, FL 33431

Current Mailing Address:

1020 NORTH ORLANDO AVENUE
MAITLAND, FL 32751

New Mailing Address:

1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND, FL 32751

FEI Number: 59-3667172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BREEN, JAMES H
1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND, FL 32751 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: 04/20/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: KRAUSERT, THOMAS J
Address: 6081 VIA VENETIA N
City-St-Zip: DELRAY BEACH, FL 33484

Title: V ( ) Delete
Name: SIBLEY, B. CRAIG
Address: 2035 KING ARTHUR CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete
Name: BREEN, JAMES H
Address: 3396 STERLING RIDGE COURT
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete
Name: JAMES, TERRY L
Address: 438 E GRANT ST
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KRAUSERT, THOMAS J
Address: 6081 VIA VENETIA N
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM (X) Change ( ) Addition
Name: SIBLEY, B. CRAIG
Address: 2035 KING ARTHUR CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Change ( ) Addition
Name: BREEN, JAMES H
Address: 3396 STERLING RIDGE COURT
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition
Name: JAMES, TERRY L
Address: 438 E GRANT ST
City-St-Zip: ORLANDO, FL 32806

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: TERRY L JAMES MGRM 04/20/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date