

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012224

FILED
Apr 27, 2004
Secretary of State

Entity Name: THEINSURANCEADVISOR FOR AGENTS, LLC

Current Principal Place of Business:

1301 W FLETCHER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1301 W FLETCHER AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3746580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
200 LAURA STREET NORTH
3RD FLOOR
JACKSONVILLE, FL 32202 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: MGRP () Delete
Name: FLAGG, BARRY D
Address: 806 S. DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLAGG, BARRY D
Address: 806 S. DAVIS BLVD.
City-St-Zip: TAMPA, FL 33606

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: BARRY D. FLAGG

MGR

04/27/2004

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