

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034603

FILED
Mar 09, 2005
Secretary of State

Entity Name: JOE O'CONNELL INSURANCE LLC

Current Principal Place of Business:

16027 WEST TAMPA PALMS BLVD.
TAMPA, FL 33647

New Principal Place of Business:

16005 W TAMPA PALMS BLVD
TAMPA, FL 33647

Current Mailing Address:

801 N ARMENIA AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 74-3077311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, JOSEPH
6810 FRONT ST
KEY WEST, FL 33040 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: MGR () Delete
Name: MOST, ROBERT
Address: 801 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 MOST

PRES

03/09/2005

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