2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# L03000014240

Entity Name: INSURANCE DISTRIBUTION CONSULTING, LLC

Current Principal Place of Business:

2903 CRESTWOOD TERR.
MARGATE, FL 36063

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49112
CHARLOTTE, NC 28277

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MICHAEL
2903 CRESTWOOD TERR.
MARGATE, FL 36063

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: JONES, MICHAEL
Address: 2903 CRESTWOOD TERR.
City-St-Zip: MARGATE, FL 36063

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: MICHAEL JONES MGR 04/15/2004

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