

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Feb 10, 2005
Secretary of State**

DOCUMENT# L04000020065

Entity Name: FLORIDA CLAIMS CONSULTANTS, LLC

Current Principal Place of Business:

6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

New Mailing Address:

6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 US

Current Mailing Address:

PO BOX 2361
PALM CITY, FL 34991 US

FEI Number: 20-0929007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTONELLI, FREDERICK
6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

LOMBARDI, CHRISTOPHER
6365 TAFT STREET
1003
HOLLYWOOD, FL 33024 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: CHRISTOPHER LOMBARDI 02/10/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BACH, KARL G
Address: 6365 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOMBARDI, CHRISTOPHER
Address: 6365 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: MGRM (X) Delete
Name: ANTONELLI, FREDERICK
Address: 6365 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

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: CHRISTOPHER LOMBARDI PRES 02/10/2005

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