

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079065

Entity Name: GHG INSURANCE, LLC

FILED  
Jul 01, 2005  
Secretary of State

**Current Principal Place of Business:**

751 OAK STREET, SUITE 100  
JACKSONVILLE, FL 322014

**New Principal Place of Business:**

751 OAK STREET, SUITE 100  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

751 OAK STREET, SUITE 100  
JACKSONVILLE, FL 322014

**New Mailing Address:**

751 OAK STREET, SUITE 100  
JACKSONVILLE, FL 32204

FEI Number: 20-1825754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STONEBURNER, BERRY & SIMMONS, P.A.  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207    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/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MEM ( ) Change (X) Addition  
Name: GASKIN, TIMOTHY B  
Address: 751 OAK ST., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MEM ( ) Change (X) Addition  
Name: HARDAKER, WILLIAM R  
Address: 751 OAK ST., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MEM ( ) Change (X) Addition  
Name: GIBSON, ROGER  
Address: 751 OAK ST., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32204

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: TIMOTHY B. GASKIN

MEM

07/01/2005

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