

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087938

**FILED**  
**Feb 06, 2005**  
**Secretary of State**

**Entity Name:** BULLINGTON INSURANCE GROUP, LLC

**Current Principal Place of Business:**

16108 ARMISTEAD LANE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

16108 ARMISTEAD LANE  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 20-2079222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BULLINGTON, BROOKS M  
16108 ARMISTEAD LANE  
ODESSA, FL 33556 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: BULLINGTON, BROOKS M  
Address: 16108 ARMISTEAD LANE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Delete  
Name: BULLINGTON, EILEEN M  
Address: 16108 ARMISTEAD LANE  
City-St-Zip: ODESSA, FL 33556 US

**ADDITIONS/CHANGES:**

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

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: BROOKS M. BULLINGTON

MGR

02/06/2005

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