

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002248

1. Entity Name
EMPLOYERS SERVICES GROUP, L.C.



Principal Place of Business ONE BEACH DR. S.E., STE. 230 ST. PETERSBURG, FL 33701	Mailing Address P.O. BOX 1902 ST. PETERSBURG, FL 33731
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3634634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

**SOX, RICHARD N JR.
 402 OFFICE PLAZA DRIVE
 STE 600
 TALLAHASSEE, FL 32316-2174**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

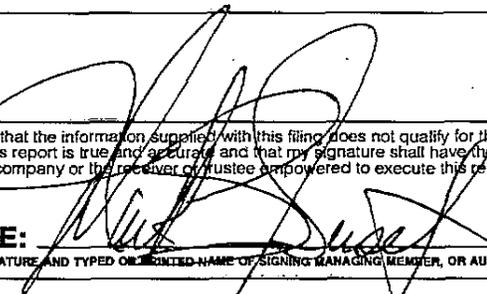
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERSET, MARK S ONE BEACH DR., SE STE 230 ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANG, JAMES 1569 MAIN STREET DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/16/04-80001-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **1/12/04** **727-521-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #