

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000950

Entity Name: TRIP INSURANCE USA, LLC

**FILED**  
**Jan 28, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

215 85TH AVE #3  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

5903 BALI WAY N  
ST PETE BEACH, FL 33706

**Current Mailing Address:**

215 85TH AVE #3  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

5903 BALI WAY N  
ST PETE BEACH, FL 33706

FEI Number: 59-3694434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARVEY, CHRIS  
215 85TH AVE #3  
TREASURE ISLAND, FL 33706

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

HARVEY, CHRIS  
5903 BALI WAY N  
ST PETE BEACH, FL 33706

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:

01/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HARVEY, CHRIS J  
Address: 215 85TH AVENUE #3  
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARVEY, CHRIS J  
Address: 5903 BALI WAY N  
City-St-Zip: ST PETE BEACH, FL 33706

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: CHRIS HARVEY

MGR

01/28/2004

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