2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000950

Entity Name: TRIP INSURANCE USA, LLC

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5903 BALI WAY N ST PETE BEACH, FL 33706

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

......

Title: MGR () Delete Title: MGR (X) Change () Addition Name: HARVEY, CHRIS J Name: HARVEY, CHRIS J Address: 5903 BALI WAY N 5903 BALI WAY N

City-St-Zip: ST PETE BEACH, FL 33706 City-St-Zip: ST PETE BEACH, FL 33706 US

Title: () Delete Title: MGRM () Change (X) Addition

Name: Name: DOYLE, RICHARD L

 Address:
 Address:
 6321 VISTA VERDE DRIVE EAST

 City-St-Zip:
 City-St-Zip:
 GULFPORT, FL 33706 US

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 BYRNE, MICHAEL P

 Address:
 Address:
 20 THE NURSERIES

City-St-Zip: City-St-Zip: EASTWOOD, NO NG163EL UK

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 01/06/2005