## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 22, 2002 8:00 am Secretary of State

DOCUMENT # L01000006145  1. Entity Name				04-22-2002 90243 050 ****50.00		
THE EMPLOYERS' ANSWER GROUP, LLC.						
	DO NOT WRITE	IN THIS S	SPACE			
2. Principal Place of Business         3. Mailing Address           535 Central Ave.         5401 Centra           Suite, Apt. #, etc.         Suite, Apt. #, etc.			1 Ave.	DO NOT WRITE IN THIS S	SPACE	
City & State St. Petersburg, FL Zip Country		City & State St. Petersburg, FL		4. FEI Number 59-3719584	Applied For Not Applicable	
33701	Country	Zip 33710	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
		anderson red	Name	7. Name and Address of Current Registered		
	DO NOT W		Caro	Carol McAtee, CPA  Street Address (P.O. Box Number is Not Acceptable) 5401 Central Ave.		
THIS SPACE 5401				Central Ave.		
	r de filosoficientes de la lace de la comunicación de la comunicación de la comunicación de la comunicación de Mandrial de la comunicación de la		City St. 1	Petersburg FL	Zip Code	
8. The above	named entity submits this statement for t	he purpose of changing its		d agent, or both, i n the State of Florida.	33710	
SIGNATURE	Signature, typed or printed name of registered agent a	- atu	CAROL		3/19/02	
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•		Make Check F	eyello (o Deparment o DVII EV MAY 1	OSIAD .		
9.	MANAGING MEMBER	S/MANAGERS				
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11. I hereby co	ertify that the information supplied with thi on this report is true and accurate and tha	s filing does not qualify for t	the exemption stated in Section	on 119.07(3)( i), Florida Statutes. I further certify	that the information	
limited liab	ility company or the receiver or trustee er	npowered to execute this re	eport as required by Chapter (	e under oath; that I am a managing member of 608, Florida Statu tes.	or manager of the	