

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011387

FILED
Feb 22, 2005
Secretary of State

Entity Name: RBA INSURANCE STRATEGIES, LLC

Current Principal Place of Business:

319 CLEMATIS ST., STE. 408
WEST PALM BEACH, FL 33401

New Principal Place of Business:

319 CLEMATIS ST.
408
WEST PALM BEACH, FL 33401

Current Mailing Address:

319 CLEMATIS ST., STE. 408
WEST PALM BEACH, FL 33401

New Mailing Address:

319 CLEMATIS ST.
408
WEST PALM BEACH, FL 33401

FEI Number: 65-1130967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CAROLE
319 CLEMATIS STREET #408
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

THOMAS, CAROLE
319 CLEMATIS STREET
#408
WEST PALM BEACH, FL 33401 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:

02/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ASSAD, RIAD B
Address: 4166 WELLINGTON SHORES DR
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM () Delete
Name: ASSAD, EVELYN M
Address: 4166 WELLINGTON SHORES DR
City-St-Zip: WELLINGTON, FL 33467

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: RIAD B. ASSAD

MGRM

02/22/2005

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