

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016478

FILED
Jul 01, 2004
Secretary of State

Entity Name: HAROLD BROWN INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

1913 E OLIVE RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1913 E OLIVE RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3744588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, HAROLD
1913 E OLIVE RD
PENSACOLA, FL 32514

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BROWN, HAROLD
Address: 1913 E OLIVE RD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: MURPHY, TRACY
Address: 1913 E OLIVE RD
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: BARRON, ERICA
Address: 1913 E OLIVE RD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HAROLD BROWN

MGRM

07/01/2004

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