

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019455

Entity Name: OMS INSURANCE GROUP, L.L.C.

FILED
Feb 12, 2004
Secretary of State

Current Principal Place of Business:

202 N. MASSACHUSETTS AVE.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 2
LAKELAND, FL 338020002

New Mailing Address:

FEI Number: 59-3757026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALE, GREGORY G
PO BOX 2
LAKELAND, FL 338020002

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: MGR () Delete
Name: SALE, GREGORY G
Address: PO BOX 2
City-St-Zip: LAKELAND, FL 338020002

ADDITIONS/CHANGES:

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: GREGORY SALE

MGR

02/12/2004

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