

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004842

FILED
Jan 24, 2005
Secretary of State

Entity Name: ILLUSTRATED INSURANCE SERVICES, LLC

Current Principal Place of Business:

4259 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4259 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 06-1729125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 US

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: CELEDINAS, KIM R
Address: 4259 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KIM R. CELEDINAS

MGRM

01/24/2005

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