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May 25, 2004 8:00 am
Secretary of State
04-30-2004 90069 038 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006516

1. Entity Name
NATIONAL INSURANCE ADVISORS, LLC

Principal Place of Business	Mailing Address
927 FERN ST., STE 2200 SUITE 2400 ALTAMONTE SPRINGS, FL 32701	927 FERN ST., STE 2200 SUITE 2400 ALTAMONTE SPRINGS, FL 32701

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0565782 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WISER, JAY ESQ. 927 FERN STREET, SUITE 2400 POHL & SHORT, P.A. ALTAMONTE SPRINGS, FL 32701	Name: Pohl & Short, PA Street Address (P.O. Box Number is Not Acceptable): 280 W. Canton Ave., Ste.410 City: Winter Park FL Zip Code 32790

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5/13/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHANK, GEORGE L 927 FERN ST., STE 2200 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] George Schank 4/23/04 407-262-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #