

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031243

FILED
Jan 28, 2004
Secretary of State

Entity Name: FLORIDA LOSS CONSULTANTS, LLC

Current Principal Place of Business:

1747 VAN BUREN STREET
SUITE 860
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1747 VAN BUREN STREET
SUITE 860
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 01-0701972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACH, KARL G
1747 VAN BUREN STREET
SUITE 860
HOLLYWOOD, FL 33020 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: MGRM () Delete
Name: ANTONELLI, FREDRICK
Address: 1747 VAN BUREN STREET, SUITE 860
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Delete
Name: SCANTZOUKIS, STEPHEN E
Address: 1747 VAN BUREN STREET, SUITE 860
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGRM () Delete
Name: BACH, KARL G
Address: 1747 VAN BUREN STREET, SUITE 860
City-St-Zip: HOLLYWOOD, FL 33020 US

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: KARL G BACH

VP

01/28/2004

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