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Jul 29, 2004 8:00 am
Secretary of State

07-15-2004 90049 020 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000034603

1. Entity Name
JOE O'CONNELL INSURANCE LLC

Principal Place of Business	Mailing Address
16027 WEST TAMPA PALMS BLVD. TAMPA, FL 33647	16005 TAMPA PALMS BLVD TAMPA, FL 33647

07122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		801 N. Armenia Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip 33609	Country US

4. FEI Number 74-3077311 ☐ 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
O'CONNELL, JOSEPH 6810 FRONT ST KEY WEST, FL 33040	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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], Joseph J. O'Connell 7-11-04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOST, ROBERT 16005 W TAMPA PALMS BLVD TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 801 N. Armenia Ave Tampa, FL 33609
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] Robert R. Most 7-11-04 813-979-4854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #