2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2004
Secretary of State

DOCUMENT# L03000006475

Entity Name: GET INSURANCE TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

PO BOX 2532
CLEARWATER, FL 33757

New Principal Place of Business:

1245 COURT STREET
SUITE 103
CLEARWATER, FL 33756

Current Mailing Address:

PO BOX 2532
CLEARWATER, FL 33757

New Mailing Address:

1245 COURT STREET
SUITE 103
CLEARWATER, FL 33756

FEI Number: 33-1070366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TISCHIO, ELLEN M
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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: TAVNICEK, GARY E
Address: PO BOX 2532
City-St-Zip: CLEARWATER, FL 33757

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TAVNICEK, GARY E
Address: 1245 COURT STREET, SUITE 103
City-St-Zip: CLEARWATER, FL 33755

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: GARY E TRAVNICEK MR. 02/28/2004

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