2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2005
Secretary of State

DOCUMENT# L03000012900

Entity Name: SATURN INSURANCE & FINANCIAL SERVICES, LLC

Current Principal Place of Business:

PO BOX 51839
LIGHTHOUSE POINT, FL 33074

New Principal Place of Business:

Current Mailing Address:

PO BOX 51839
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

FEI Number: 05-0565756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THEUS, BRUNEL
6040 SHAKERWOOD CIR D-101
TAMARAC, FL 33319 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: THEUS, BRUNEL
Address: PO BOX 51839
City-St-Zip: LIGHTHOUSE POINT, FL 33074

Title: MGR ( ) Delete
Name: SONIE THEUS, MARIE
Address: PO BOX 51839
City-St-Zip: LIGHTHOUSE POINT, FL 33074

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: THEUS, MARIE SONIE
Address: PO BOX 51839
City-St-Zip: LIGHTHOUSE POINT, FL 33074

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: BRUNEL THEUS MGR 04/10/2005

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