

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014240

FILED
Apr 16, 2005
Secretary of State

Entity Name: INSURANCE DISTRIBUTION CONSULTING, LLC

Current Principal Place of Business:

2903 CRESTWOOD TERR.
MARGATE, FL 36063

New Principal Place of Business:

212 CATANIA WAY
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

P.O. BOX 49112
CHARLOTTE, NC 28277

New Mailing Address:

FEI Number: 36-4532238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, MICHAEL
2903 CRESTWOOD TERR.
MARGATE, FL 36063 US

Name and Address of New Registered Agent:

JONES, MICHAEL
212 CATANIA WAY
ROYAL PALM BEACH, FL 33411 US

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

04/16/2005

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JONES, MICHAEL
Address: 2903 CRESTWOOD TERR.
City-St-Zip: MARGATE, FL 36063

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, MICHAEL
Address: 212 CATANIA WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: MICHAEL JONES

MGR

04/16/2005

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