

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019667

FILED  
Mar 02, 2004  
Secretary of State

**Entity Name:** PRINCIPLED INSURANCE MANAGEMENT COMPANY LLC

**Current Principal Place of Business:**

151 SAWGRASS CORNERS DRIVE  
SUITE 100  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

151 SAWGRASS CORNERS DRIVE  
SUITE 109  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

P.O. BOX 2191  
PONTE VEDRA, FL 32004

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MILLER, STEVEN H  
151 SAWGRASS CORNERS DRIVE  
SUITE 100  
PONTE VEDRA, FL 32082

**Name and Address of New Registered Agent:**

MILLER, STEVEN H  
151 SAWGRASS CORNERS DRIVE  
SUITE 109  
PONTE VEDRA, FL 32082

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: STEVEN H MILLER

03/02/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PRINCIPLEDINSURANCE, MANAGEMENTCOMPANY LLC  
Address: PO BOX 2191  
City-St-Zip: PONTE VEDRA, FL 32004

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: STEVEN H MILLER

MGR

03/02/2004

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