

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 4:11

24036408



03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number **05-0564809** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L03000020038
1. Entity Name
NETSTAR UNDERWRITERS, LLC



Principal Place of Business 101 NORTH MONROE STREET, SUITE 800 P.O. DRAWER 229 TALLAHASSEE, FL 32302-0229	Mailing Address 101 NORTH MONROE STREET, SUITE 800 P.O. DRAWER 229 TALLAHASSEE, FL 32302-0229
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2. Principal Place of Business 5951 CATTLE RIDGE BLVD Suite, Apt. #, etc. 200	3. Mailing Address 5951 CATTLE RIDGE BLVD Suite, Apt. #, etc. 200
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City & State SARASOTA, FL	City & State SARASOTA FL
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Zip 34232	Country	Zip 34232	Country
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6. Name and Address of Current Registered Agent

MCCONNAUGHAY, JAMES N
101 NORTH MONROE STREET, SUITE 900
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGING MEMBER ANDREW W. OLWERT, III 5951 CATTLE RIDGE BLVD, # 200 SARASOTA, FL 34232	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		400032779244 04/15/04--01015--005 **537.50	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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]* **3/25/04** **941-309-6104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #