


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90021 003 ****50.00

DOCUMENT # L03000026882 1. Entity Name HOROWITZ INSURANCE OF BONITA, LLC	
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Principal Place of Business 8860 TERRENE CT BONITA SPRINGS, FL 34135	Mailing Address 8860 TERRENE CT BONITA SPRINGS, FL 34135
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DO NOT WRITE IN THIS SPACE



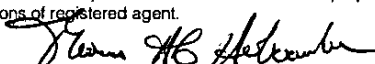
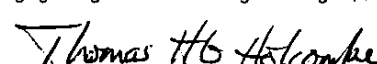
04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 83-0365562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLCOMBE, THOMAS H.G. 8860 TERRENE CT BONITA SPRINGS, FL 34135	DO NOT WRITE IN THIS SPACE
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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 		4-14-05
Signature, typed or printed name of registered agent and title if applicable.		DATE

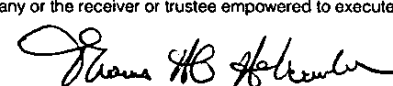
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLCOMBE, THOMAS H.G. 1934 TIMBERLINE DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NORIOT-HOLCOMBE, ANNE 1934 TIMBERLINE DR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	4-14-05	239-949-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #