

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029890

FILED
Apr 30, 2004
Secretary of State

Entity Name: INSURANCE HOME OFFICE SERVICES, L.L.C.

Current Principal Place of Business:

C/O JOHN A. MORAN
22 SOUTH LINKS AVE., STE. 300
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O JOHN A. MORAN
22 SOUTH LINKS AVE., STE. 300
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 74-3102260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, JOHN A ESQ
C/O DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVE., STE. 300
SARASOTA, FL 34236 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: NEFF, RAY
Address: 1111 N. GULFSTREAM AVE., SUITE 15E
City-St-Zip: SARASOTA, FL 34236

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: RAY NEFF

MGR

04/30/2004

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