

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029929

FILED
Mar 04, 2004
Secretary of State

Entity Name: G-FORCE INSURANCE SERVICES LLC

Current Principal Place of Business:

7800 BELFORT PARKWAY STE. 170
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7800 BELFORT PARKWAY STE. 170
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 42-1602555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GEORGE E JR
144 FIRST AVENUE SOUTH STE. 500
ST. PETERSBURG, FL 33701 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: MGRM () Delete
Name: CROPPER, M. STEVEN
Address: 7800 BELFORT PARKWAY STE. 170
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: BUTTNER, EDWARD W IV
Address: 7800 BELFORT PARKWAY STE. 170
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: MCCURDY, JEFFREY R
Address: 5111 OCEAN BLVD. STE. F
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWARD W. BUTTNER IV

MGRM

03/04/2004

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