2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2005
Secretary of State

DOCUMENT# L03000029929

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:

7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

7800 BELFORT PARKWAY STE. 170
JACKSONVILLE, FL 32256

New Mailing Address:

7601 CENTURION PARKWAY
JACKSONVILLE, FL 32256

FEI Number: 42-1602555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CROPPER, M. STEVEN	
Address:	7800 BELFORT PARKWAY STE. 170	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	(X) Delete
Name:	BUTTNER, EDWARD W IV	
Address:	7800 BELFORT PARKWAY STE. 170	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	(X) 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: DEBORAH A MCLEOD VP 06/15/2005

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