

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90182 047 ****50.00

DOCUMENT # L03000040092					
1. Entity Name ATLAS INSURANCE MARKETING, LLC					
Principal Place of Business 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY, FL 34652 US			Mailing Address 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">24049432</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 43-0525807	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, CLINT R 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY, FL 34652				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	MGR NELSON, CLINT R 5509 GRAND BOULEVARD, SUITE 200 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:			2/10/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		