2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048892

Entity Name: ADVANTECH SOLUTIONS INSURANCE L.L.C.

FILED Feb 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

1410 NORTH WESTSHORE BOULEVARD STE. 600 1410 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607

STE. 600

TAMPA, FL 336074532

Current Mailing Address: New Mailing Address:

1410 NORTH WESTSHORE BOULEVARD STE. 600 1410 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607 STE. 600

TAMPA, FL 336074532

ADDITIONS/CHANGES:

1410 NORTH WESTSHORE BOULEVARD

VOLPI, DAVID

STE. 600

FEI Number: 59-3578173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VOLPI, DAVID 1410 NORTH WESTSHORE BOULEVARD STE. 600

TAMPA, FL 33607

TAMPA, FL 336074532 US

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: 02/04/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

() Delete Title: () Change (X) Addition VOLPI, DAVID D PRESIDE Name: Name: Address: Address: 1410 N. WESTSHORE BLVD., STE. 600

TAMPA, FL 336074532

City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete Name: Name: MURRAY, JAMES K SEC/TRE Address: Address: 1410 N. WESTSHORE BLVD., STE, 600

City-St-Zip: City-St-Zip: TAMPA, FL 336074532

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: DAVID D. VOLPI 02/04/2004