

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

04-30-2004 90075 006 ****55.00

DOCUMENT # L03000055946

1. Entity Name
BANKERS MUTUAL, LLC



Principal Place of Business Mailing Address
 11300 U.S. HIGHWAY ONE - 11300 U.S. HIGHWAY ONE
 203 - 203
 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

03000006



2. Principal Place of Business Suite, Apt. #, etc.
 Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2680606 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, DONALD W ESQ.
 11300 U.S. HIGHWAY ONE
 203
 NORTH PALM BEACH, FL 33408

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGM BANKERS MUTUAL HOLDINGS, INC. 11300 U.S. HIGHWAY ONE, SUITE 203 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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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"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: H. Max Fricker H. Max Fricker, MGM 4/28/04 (561)625-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #