2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90018 004 ****55.00

DOCUMENT # L03000055946 BANKERS MUTUAL, LLC 20047697 Mailing Address Principal Place of Business 11300 U.S. HIGHWAY ONE 11300 U.S. HIGHWAY ONE 203 203 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 2401 PGA Blvd. 2401 PGA Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Palm Beach Gardens, Palm Beach Gardens. 58-2680606 Not Applicable 33410 Country \$5.00 Additional ^{Zip} 33410 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, DONALD W ESQ. Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BIVd., Suite 186 11300 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408 City Palm Beach Gardens 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 8. The above nat agistered agent Donald W. Miller (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Delete TITLE Change Addition BANKERS MUTUAL HOLDINGS, INC. NAME NAME 2401 PGA BIVd., Suite 148 STREET ADDRESS 11300 U.S. HIGHWAY ONE, SUITE 203 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP Palm Beach Gardens, FL 33410 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

H. Max Fricker, MGH

3-15-05

(561) 625-1005

Date

Daytime Phone #