2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# L04000002808

Entity Name: ENCOMPASS INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

13300 ATLANTIC BLVD., SUITE 908
JACKSONVILLE, FL 32246

New Principal Place of Business:

1515 CR210 WEST
SUITE 106
JACKSONVILLE, FL 32259

Current Mailing Address:

13300 ATLANTIC BLVD., SUITE 908
JACKSONVILLE, FL 32246

New Mailing Address:

1515 CR210 WEST
SUITE 106
JACKSONVILLE, FL 32259

FEI Number: 20-0321432 **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:

EMERY, ALISON N
2700-C UNIVERSITY BLVD. WEST
JACKSONVILLE, FL 32217 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: INGALLS, LARRY
Address: 1515 CR210 SUITE 106
City-St-Zip: JACKSONVILLE, FL 32259

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: LARRY INGALLS MR. 05/23/2005

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