

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004382

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: BWD INSURANCE GROUP LLC

## Current Principal Place of Business:

2513 WESTBROOK LANE  
C/O BRETT BLUMENCRANZ  
CLEARWATER, FL 33761 US

## New Principal Place of Business:

1211 N. WESTSHORE BLVD.  
SUITE 419  
TAMPA, FL 33607 US

## Current Mailing Address:

2513 WESTBROOK LANE  
C/O BRETT BLUMENCRANZ  
CLEARWATER, FL 33761 US

## New Mailing Address:

1211 N. WESTSHORE BLVD.  
SUITE 419  
TAMPA, FL 33607 US

FEI Number: 36-4547148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLUMENCRANZ, BRETT  
2513 WESTBROOK LANE  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

BLUMENCRANZ, BRETT  
1211 N. WESTSHORE BLVD.  
SUITE 419  
TAMPA, FL 33761 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:

03/28/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BLUMENCRANZ, MARC J  
Address: C/O BWD GROUP LLC, BWD PLAZA, BOX 9050  
City-St-Zip: JERICO, NY 11753

Title: MGRM ( ) Delete  
Name: BLUMENCRANZ, ERIC S  
Address: C/O BWD GROUP LLC, BWD PLAZA, BOX 9050  
City-St-Zip: JERICO, NY 11753

Title: MGRM ( ) Delete  
Name: WILKINS, STUART B  
Address: C/O BWD GROUP LLC, BWD PLAZA, BOX 9050  
City-St-Zip: JERICO, NY 11753

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRETT M. BLUMENCRANZ

VP

03/28/2005

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