
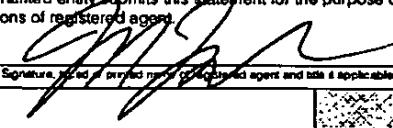



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90114 001 \*\*\*\*50.00

<b>DOCUMENT # L04000004426</b> 1. Entity Name <b>TOMMY TAYLOR INSURANCE SALES, LLC</b>																																					
Principal Place of Business <b>4819 SAN JUAN AVENUE JACKSONVILLE FL 32210</b>			Mailing Address <b>4819 SAN JUAN AVENUE JACKSONVILLE FL 32210</b>																																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country																																		
6. Name and Address of Current Registered Agent  <b>OWEN, GEORGE E JR. 144 FIRST AVENUE SOUTH, SUITE 500 ST. PETERSBURG FL 33701</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE  </div> <div style="width: 40%; text-align: center;">             (NOTE: Registered Agent signature required when re-registering)           </div> <div style="width: 20%; text-align: right;">             DATE <b>1-24-05</b> </div> </div>																																					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>																																					
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>TAYLOR, TOMMY</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4819 SAN JUAN AVENUE</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>JACKSONVILLE FL 32256</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	<b>TAYLOR, TOMMY</b>	<input type="checkbox"/>	STREET ADDRESS	<b>4819 SAN JUAN AVENUE</b>		CITY - ST - ZIP	<b>JACKSONVILLE FL 32256</b>		TITLE	NAME	Delete	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS					CITY - ST - ZIP				
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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.																																					
<b>SIGNATURE:</b>  <b>Thomas R Taylor</b> <b>1-24-05</b> <b>504-265-6100</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																					