


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90119 015 ****50.00

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # L04000009455 1. Entity Name BANKERS ADVOCATE GROUP LLC | |  | |
| Principal Place of Business 631 US HIGHWAY ONE, STE 308 NORTH PALM BEACH, FL 33408 | | Mailing Address 631 US HIGHWAY ONE, STE 308 NORTH PALM BEACH, FL 33408 | |
| 2. Principal Place of Business 271 Barbados Drive Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 9228 Suite, Apt. #, etc. | |
| City & State Jupiter, FL | | City & State Jupiter, FL 33468 | |
| Zip 33458 | | Zip 33468 | |
| Country US | | Country US | |
| 4. FEI Number 05-0596703 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 04272005 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent AM&E SERVICES, LLC 801 N. MAGNOLIA AVE, STE 201 ORLANDO, FL 32802 | | 7. Name and Address of New Registered Agent Name: Tabitha Moore Street Address (P.O. Box Number is Not Acceptable): 271 Barbados Drive City: Jupiter FL Zip Code: 33458 | |
| 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: <u>Tabitha Moore</u> DATE: <u>4-27-05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" 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: <u>Tabitha Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date: <u>4/27/05</u> 5818821271 <small>Daytime Phone #</small> | |