2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009664

Title:

Name:

Address:

City-St-Zip:

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FILED Apr 20, 2005 Secretary of State

Entity Name: HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS OF BREVARD, LLC

Current Principal Place of Business: New Principal Place of Business: 1020 NORTH ORLANDO AVENUE 1020 NORTH ORLANDO AVENUE MAITLAND, FL 32751 SUITE 200 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 1020 NORTH ORLANDO AVENUE 1020 NORTH ORLANDO AVENUE MAITLAND, FL 32751 SUITE 200 MAITLAND, FL 32751 FEI Number: 20-1382694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEUKAMM, MICHAEL E 301 E. PINÉ STREET, SUITE 1400 ORLANDO, FL 32801 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: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition BREEN, JAMES H Name: Name: Address: Address: 1020 N ORLANDO AVE STE 200 City-St-Zip: City-St-Zip: MAITLAND, FL 32751 () Change (X) Addition Title: Title: MGRM () Delete Name: Name: SIBLEY, B CRIAG Address: Address: 1020 N ORLANDO AVE STE 200 City-St-Zip: City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: MGRM () Change (X) Addition JAMES, TERRY L Name: Name: 1020 N ORLANDO AVE STE 200 Address: Address: City-St-Zip: City-St-Zip: MAITLAND, FL 32751

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.

Title:

Name:

Address:

City-St-Zip:

MGRM

WRIGHT, LENITA W

MAITLAND, FL 32751

1020 N ORLANDO AVE STE 200

() Change (X) Addition

SIGNATURE: TERRY L JAMES MGRM 04/20/2005