2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

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Entity Name: PHYSICIANS PREFERRED INSURANCE MANAGEMENT, LLC

Current Principal Place of Business:

7791 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7791 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 27-0087256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, MICHAEL J
7791 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256 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:	MGRM	( ) Delete
Name:	HOROVITZ, ELLIOTT	
Address:	7791 BELFORT PARKWAY, SUITE 100	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	( ) Delete
Name:	BONE, TIMOTHY R	
Address:	7791 BELFORT PARKWAY, SUITE 100	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	( ) Delete
Name:	BUSHONG, ZACHORY R	
Address:	7791 BELFORT PARKWAY, SUITE 100	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	( ) Delete
Name:	WALLACE, MICHAEL J	
Address:	7791 BELFORT PARKWAY, SUITE 100	
City-St-Zip:	JACKSONVILLE, FL 32256	

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:	
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: MICHAEL J WALLACE MGRM 04/25/2005

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