

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041742

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: BROWN INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1913 B E. OLIVE RD  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

1913 B E. OLIVE RD  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 90-0182939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, PEGGY  
1913 B E. OLIVE RD  
PENSACOLA, FL 32514 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: MGR ( ) Delete  
Name: BROWN, PEGGY  
Address: 1913 B E. OLIVE RD  
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete  
Name: MURPHY, TRACY  
Address: 1913 B E. OLIVE RD  
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete  
Name: BARRON, ERICA  
Address: 1913 B E. OLIVE RD  
City-St-Zip: PENSACOLA, FL 32514

**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: ERICA BARRON

MGR

01/31/2005

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