

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067004

FILED
Jul 01, 2005
Secretary of State

Entity Name: BROWARD INSURANCE CONSULTING, LLC

Current Principal Place of Business:

1067 SHOTGUN ROAD
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1067 SHOTGUN ROAD
FORT LAUDERDALE, FL 33326

New Mailing Address:

FEI Number: 20-1700504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERTON, JOSEPH W
1067 SHOTGUN ROAD
FORT LAUDERDALE, FL 33326 US

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/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ANDERTON, JOE
Address: 1067 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326

Title: MGR () Change (X) Addition
Name: JACKSON, ED
Address: 1067 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326

Title: MGR () Change (X) Addition
Name: TURGEON, BILL
Address: 1067 SHOTGUN ROAD
City-St-Zip: SUNRISE, FL 33326

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: SHERRY M. BENNETT

CFO

07/01/2005

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