

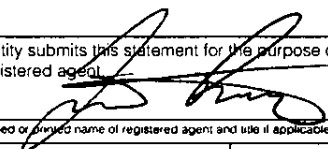
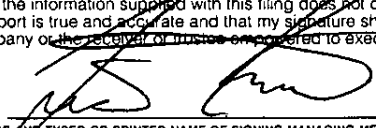


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90021 025 ****50.00

DOCUMENT # L04000077478 1. Entity Name FLORIDA INSURANCE SPECIALISTS, LLC					
Principal Place of Business 2450 MAITLAND CENTER PARKWAY, THIRD FLOOR MAITLAND, FL 32751			Mailing Address 2450 MAITLAND CENTER PARKWAY, THIRD FLOOR MAITLAND, FL 32751		
2. Principal Place of Business 250 International Pkwy Suite, Apt. #, etc. Suite 250		3. Mailing Address P.O. Box 2106 Suite, Apt. #, etc.			
City & State Lake Mary, FL		City & State Winter Park, FL		4. FEI Number 20-1796252	
Zip 32746		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MALONO, STEVEN M 215 S. MONROE STREET, 2ND FLOOR TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Frank J. Russo Street Address (P.O. Box Number is Not Acceptable) 250 International Pkwy Suite 250 City Lake Mary FL Zip Code 32746			
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  DATE 8-22-05 <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 September 7, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  VP 8-22-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					