# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 14, 2004**
**Secretary of State**

DOCUMENT# L97000000900

**Entity Name:** WINTER PARK INSURANCE AGENCY, L.C.

**Current Principal Place of Business:**

231 N NEW YORK AVENUE
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 939
WINTER PARK, FL 32790

**New Mailing Address:**

**FEI Number: 65-0774740** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LUND, L. ALAN
1780 NORTH KROME AVENUE
HOMESTEAD, FL 33030 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: | JONES, THOMAS R JR | |
| Address: | 1780 NORTH KROME AVENUE | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | MGRM | ( ) Delete |
| Name: | LUND, L. ALAN | |
| Address: | 1780 NORTH KROME AVENUE | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | MGRM | ( ) Delete |
| Name: | MCCORMICK, WILLIAM R | |
| Address: | 231 N. NEW YORK AVENUE | |
| City-St-Zip: | WINTER PARK, FL 32790 | |

**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: WILLIAM R MCCORMICK VP 07/14/2004

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