

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000585

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** T.R. JONES & COMPANY OF BROWARD, L.C.

**Current Principal Place of Business:**

1780 NORTH KROME AVENUE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BEECHER CARLSON HOLDINGS, INC.  
2002 SUMMIT BLVD., SUITE 925  
ATLANTA, GA 30319

**New Mailing Address:**

**FEI Number:** 65-0834671      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
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/MANAGERS:**

**Title:** MGRM  
**Name:** BEECHER CARLSON INSURANCE SERVICES, LLC  
**Address:** 2002 SUMMIT BLVD., SUITE 925  
**City-St-Zip:** ATLANTA, GA 30319

I hereby 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: BEECHER CARLSON INSURANCE SERVICES LLC      MGRM      04/26/2010

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