

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001903**

1. Entity Name  
**RUSHMORE INSURANCE SERVICES, L.L.C.**



Principal Place of Business  
**2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

Mailing Address  
**2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**



02202004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0906989**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PRICE, JEROME T  
2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PRICE, JEROME T  
2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KIRZNER, ALAN  
2121 PONCE DE LEON, SUITE 1100  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000062548

02/23/04-80125-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jerome T. Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

2/20/04

Daytime Phone #