2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# L99000005437

Entity Name: GULA INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

10874 S US 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

10874 S US 1
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0944540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULA, ADAM
10874 S US 1
PORT SAINT LUCIE, FL 34952 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: GULA, GAIL A
Address: 10874 S US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM ( ) Delete
Name: GULA, ADAM C
Address: 4267 NW FEDERAL HWY PMB 111
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES:

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: ADAM C GULA MGRM 02/16/2005

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