


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000058
 1. Entity Name
 SOUTHTRUST INSURANCE, LLC



Principal Place of Business 112 NORTH 20TH STREET BIRMINGHAM, AL 35203 US	Mailing Address 112 NORTH 20TH STREET ATTN: LARRY GRAY BIRMINGHAM, AL 35203 US
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DO NOT WRITE IN THIS SPACE

02122004No Chg-LLC CR2E083 (10/03)

4. FEI Number 63-1267768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000058511
 02/27/04 88844-012-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASSITER, BRIAN R 100 BROOKWOOD PLACE, SUITE 300 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOURLEY, PAUL JR. 100 BROOKWOOD PLACE, SUITE 300 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NONNENGARD, JIM 112 NORTH 20TH STREET BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, RANDY 112 NORTH 20TH STREET 7TH FL BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, JOHN 112 NORTH 20TH STREET BIRMINGHAM, AL 35203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, DICK JR. 112 NORTH 20TH STREET BIRMINGHAM, AL 35203

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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)(c), 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: Larry Gray Date: 2/12/4 Daytime Phone #: 205-254-5292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #