

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000603

FILED
Mar 21, 2004
Secretary of State

Entity Name: VISTANATIONAL INSURANCE GROUP OF FLORIDA, L.L.C.

Current Principal Place of Business:

ONE PROGRESS PLAZA
280
ST. PETERSBURG, FL 33701

New Principal Place of Business:

BANK OF AMERICA TOWER, ONE PROGRESS PLAZA
SUITE 280
ST. PETERSBURG, FL 33701

Current Mailing Address:

1500 W. HIGGINS #220
PARK RIDGE, IL 60068

New Mailing Address:

1300 W. HIGGINS ROAD
SUITE 220
PARK RIDGE, IL 60068

FEI Number: 59-3703126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKARD, JOHN D
111 2ND AVENUE NORTH EAST, STE. 903
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

PICKARD, JOHN D
BANK OF AMERICA TOWER, ONE PROGRESS PLAZA
SUITE 280
ST. PETERSBURG, FL 33701 US

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:

03/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PICKARD, JOHN D
Address: 111 2ND AVENUE NORTH EAST, STE. 903
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PICKARD, JOHN D
Address: ONE PROGRESS PLAZA, SUITE 280
City-St-Zip: ST. PETERSBURG, FL 33701

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: JOHN D. PICKARD

MGR

03/21/2004

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