


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

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|---|--|--|--|---|--|
| DOCUMENT # M0100000603 1. Entity Name VISTANATIONAL INSURANCE GROUP OF FLORIDA, L.L.C. | | | |  | |
| Principal Place of Business BANK OF AMERICA TOWER, ONE PROGRESS P SUITE 280 ST. PETERSBURG FL 33701 | | Mailing Address 1300 W. HIGGINS ROAD SUITE 220 PARK RIDGE IL 60068 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3703126 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PICKARD, JOHN D BANK OF AMERICA TOWER, ONE PROGRESS PLAZA SUITE 280 ST. PETERSBURG FL 33701 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PICKARD, JOHN D ONE PROGRESS PLAZA, SUITE 280 ST. PETERSBURG FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | UN00000285613 04/02/05-80051-019 55.00 | |
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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)(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:  **JOHN D. PICKARD** 3/29/05 **733-894-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #