2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# M01000001200

Entity Name: DISABILITY INSURANCE SPECIALISTS, LLC

Current Principal Place of Business:

1297A BLUE HILLS AVE.
BLOOMFIELD, CT 06002

New Principal Place of Business:

Current Mailing Address:

1297A BLUE HILLS AVE.
BLOOMFIELD, CT 06002

New Mailing Address:

FEI Number: 06-1466211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST., STE. 2
TALLAHASSEE, FL 32301 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: BOSSI JR, WILLIAM J
Address: 120 KIMBERLY RD
City-St-Zip: EAST GRANBY, CT 06026

Title: MGRM ( ) Delete
Name: VERNEY, ARTHUR J
Address: 36 ABBOTT RD
City-St-Zip: ELLINGTON, CT 06029

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: ARTHUR J. VERNEY MGRM 03/24/2004

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