

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000539

FILED
Jun 29, 2005
Secretary of State

Entity Name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC

Current Principal Place of Business:

4450 SOJOURN DR., #500
ADDISON, TX 75001

New Principal Place of Business:

Current Mailing Address:

4450 SOJOURN DR., #500
ADDISON, TX 75001

New Mailing Address:

FEI Number: 36-4485332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANGOLD, THOMAS E
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: MCPADDEN, M. SEAN
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: NOLAN, KATHERINE C
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: BIENEK, TIMOTHY A
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: SNYDER, DAVID B
Address: 4450 SOJOURN DR., #500
City-St-Zip: ADDISON, TX 75001

Title: MGR () Delete
Name: DALY, GEORGE W
Address: 6640 S. CICERO AVE.
City-St-Zip: BEDFORD PARK, IL 60638

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: DAVID B. SNYDER

VP

06/29/2005

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