

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000756

FILED
Jan 13, 2004
Secretary of State

Entity Name: ASSURANCE COMPANY, LTD.

Current Principal Place of Business:

4520 MENDAVIA DRIVE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

4520 MENDAVIA DRIVE
SEBRING, FL 33872

New Mailing Address:

FEI Number: 34-1848673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEGHORN, KEVIN R
4520 MENDAVIA DRIVE
SEBRING, FL 33872

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: CLEGHORN, KEVIN
Address: 4520 MENDAVIA DRIVE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: THOUIN, MARK
Address: 1539 ST. ANDREWS DRIVE
City-St-Zip: MURFREESBORO, TN 37128

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: KEVIN CLEGHORN

MGRM

01/13/2004

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