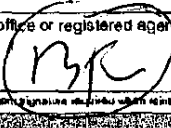


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

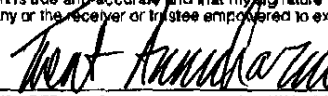
FILED

03 MAY 16 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001245			
1. Entity Name BROKERCOMP LLC			
Principal Place of Business 12626 HIGH BLUFF DRIVE #325 SAN DIEGO, CA 92130		Mailing Address 12626 HIGH BLUFF DRIVE #325 SAN DIEGO, CA 92130	
2. Principal Place of Business 703 Palomar Airport Rd. Suite, Apt. #, etc. #330 City & State Carlsbad, CA Zip 92009 Country USA		3. Mailing Address 703 Palomar Airport Rd. Suite, Apt. #, etc. #330 City & State Carlsbad, CA Zip 92009 Country USA	
4. FEI Number 33-0948642		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PARACORP INCORPORATED 235 EAST 6TH AVE. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 200019847212 23/03--01051--020 **50.00	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR ANNICHARICO, TRENT 12626 HIGH BLUFF DRIVE #325 SAN DIEGO, CA 92130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Annicharico, Trent 703 Palomar Airport Rd. #330 Carlsbad, CA 92009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR INCOVAIA, JOEL 12626 HIGH BLUFF DRIVE #325 SAN DIEGO, CA 92130	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 806, Florida Statutes.

SIGNATURE:  Trent Annicharico 5-14-03 (760)496-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date City and Phone #

CR2E003 (10/02)