MAY-13-2003 TUE 05:43 PM FL COMPLIANCE FAX NO. 850 942 5111 P. 02

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	Mailing Address
12626 HIGH BLUFF DRIVE #325 SAN DIEGO, CA 92130	12626 HIGH BLUFF DRIVE #325 SAN DIEGO, CA 92130

2. Principal Place of Business	3. Mailing Address
703 Palomar Airport Rd.	703 Palomar Airport Rd.
Suite, Apt. #, etc.: #330	Suite, Apt. #, etc.: #330
City & State: Carlsbad, CA	City & State: Carlsbad, CA
Zip: 92009 Country: USA	Zip: 92009 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-0948642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 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 ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

BK

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

200019847212
-/23/03--01051--020 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANNICHARICO, ~~TRETN~~ 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

CR2E083 (10/02)

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: [signature] Trent Annicharico 5-14-03 (760)496-1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #