

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004072

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: CRES INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

15373 INNOVATION DR SUITE 250  
SAN DIEGO, CA 92128

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 500810  
SAN DIEGO, CA 92150

**New Mailing Address:**

FEI Number: 33-0952901      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:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301      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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: ALLISON, JAMES N  
Address: 15373 INNOVATION DR SUITE 250  
City-St-Zip: SAN DIEGO, CA 92128

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

Title: MGR      ( ) Delete  
Name: CAMPBELL, DOUGLAS A  
Address: 15373 INNOVATION DR SUITE 250  
City-St-Zip: SAN DIEGO, CA 92128

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

Title: MGR      ( ) Delete  
Name: SILVERMAN, ANDREW  
Address: 15373 INNOVATION DR SUITE 250  
City-St-Zip: SAN DIEGO, CA 92128

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: ANDREW SILVERMAN

MANA

07/01/2005

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