


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M96000000067 1. Entity Name FLORIDA FAMILY INSURANCE SERVICES, L.L.C.	
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Principal Place of Business 720 GOODLETTE ROAD N. #400 NAPLES, FL 34102	Mailing Address P.O. BOX 11389 NAPLES, FL 34101
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04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3373653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARDY, WALTER D 720 GOODLETTE ROAD NORTH NAPLES, FL 34102
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

000000314564
04/18/05-80170-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDY, RICK 720 GOODLETTE RD. NORTH NAPLES, FL 34102
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/05

Date

(239) 403-1826

Daytime Phone #