


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
Feb 23, 2004 08:00 AM  
Secretary of State

**DOCUMENT # L01000007600**  
1. Entity Name  
HBA INSURANCE GROUP, LLC



Principal Place of Business: 2500 NW 79TH AVE. SUITE 101 MIAMI FL 33122  
Mailing Address: 2500 NW 79TH AVE. SUITE 101 MIAMI FL 33122

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country



MOORE CR2E083 (11/03)

5. Certificate of Status Desired  \$5.00 Additional Fes Required

4. FE# Number: 71-0896909  
Applied For: Not Applicable

6. Name and Address of Current Registered Agent: BECKHAM, WILLIAM E, 2500 NW 79TH AVE, SUITE 101, MIAMI FL 33122

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)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKHAM, WILLIAM E			NAME			
STREET ADDRESS	12500 VIRTUDES STREET			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33156			CITY-ST-ZIP	000000060811 02/23/04-80054-011 50.00		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREYRE, ERNESTO			NAME			
STREET ADDRESS	605 OCEAN DR., UNIT 2M			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE FL 33149			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREYRE, PEDRO A			NAME			
STREET ADDRESS	8541 SW 72 TERR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLL, CARL H			NAME			
STREET ADDRESS	10060 SHERIDAN ST., APT 109			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, MARC			NAME			
STREET ADDRESS	115 E. RIVO ALTO DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33139			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ-SILVA, ENRIQUE			NAME			
STREET ADDRESS	2500 NW 79TH AVE. SUITE 101			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33122-1052			CITY-ST-ZIP			

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: *Chris Jones* 1/23/04 305-714-4400