FILED Apr 23, 2003 8:00 am Secretary of State 03-24-2003 90025 013 ****50.00

3/24

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Name C.A. HOBIN INSURANCE, LTD. CO.					23023144			
Principal Place of Business .		Mailing Address)				
248 LIONS GATE DRIVE ! ST. AUGUSTINE FL 32080		248 LIONS GATE DRIVE ST. AUGUSTINE FL 32080						
2. Principal (Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	59-3642011	} +-	ot Applicable
Zip	Country	Zρ	Country		5. Certificate o	of Status Desired	S5.00 A	
	6. Name and Address of Current Re		- Ni	me	7. Name and /	ddress of New Reg	stered Agent	
	BIN, COLLEEN					7.41		
248 LIONS GATE DRIVE ST. AUGUSTINE FL 32080			30	Street Address (P.O. Box Number is Not Acceptable)				
<u>:</u>			Cit	ty			FL Zip Co	de
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms regulated when remasting) OATE								
	Spreame, typed or primed nerve of registered agent and stop if epoticable. (NOTE Registered Agent algorithm required when rematating) FILE NOW III FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HOBIN COLLEEN Addition Addition							
9.				18/3-				
TITLE NAME		LJ Delets		HOB	IN COLL	ド M	2-Change	Addition
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TITLE		Ozlete	TITLE	 -		<u></u>	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR					(
CITY-ST-ZIP	;		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)(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 ceth; that I am a managing member or manager of the limited liability company or the receiver or invision empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNAT	URE: SIGNATU	RE BEST			<u></u> ح	20-03	904-461	-4200
	SIGNATURE AND TYPED OR PRINTED HAME OF SIG	HING MANAGEMENT STEED FER, MANAGE	A OR AUTHOR	HIZED REPRESENTA		Dete	Davima Phone 8	