## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**FILED** Jun 04, 2002 8:00 am Secretary of State 06-04-2002 90220 037 \*\*\*\*50.00

## DOCUMENT # 1 0000000 4537

Internssurance Holdings 2LC

DO NOT WRITE IN THIS SPACE				968514		
2. Principal F	Place of Business	3. Mailing Address	0.1	1		
19521 W-St. Andrews Dr. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Hipsii - Flp.		City & State Hiposi - FIA-		1 /		Applied For Not Applicable
Zip 330/5	5 Country DAde	Zip 33015	Country	5. Certificate of Status Des	lied []	55.00 Additional ee Required
	en e	The second secon	Name:	7. Name and Address of Cu	ırrent Registered	Agent
٠	DO NOT WI		Street Address	(P.O. Box Number is Not Acce 以) - ST - ANORENS	ptable) DV2 -	
			City	ij	FL	Zip Code
SIGNATURE	Signature, typed or printed name of registered agent ar	Make Check F	FEE IS \$50.00 Payable to Department of DUE BY MAY 1	of State	DATE	
9.	MANAGING MEMBER	S/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALLI AJO JA. 19521 W. St. ANDRE HIMMI -FIA. 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP			F083R (12/01)	
TITLE NAME Street address Dity-St-Zip	21021 20.					CR2
ITLE NAME STREET ADDRESS CITY-ST-ZIP	. حميد سي از الرحميان، ا		NAME STREET ADDRESS CITY-ST-ZIP	DO NO	T WRIT	E
TITLE IAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
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**SIGNATURE**≠ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 090 0 305-823-6848

Daylime Phone #

<sup>11.</sup> 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.