2001	UNIFO	RM	BUSINESS	REPORT	(UBR)
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DOCUMENT # L00000	0015547	•	FILED
INSURANCE INDUSTRIES	PARTNERS, L.C.		01 APR 30 PM 6: 20
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
			ú vi
2. Principal Place of Business 600 N Pine Island Roa		Folund Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 57E Y00		DO NOT WRITE IN THIS SPACE
City & State Plantalion, FL	Plantation,	FL	4. FEI Number Applied For 65 06 5 4 2 0 Not Applied
33324 Country USA	93324	Country V 5 A	5. Certificate of Status Desired Status Desired Fee Required 7. Name and Address of New Registered Agent
6. Name and Address of Cur	тент кедізтегеа Адепт		iam Br Grahama
		Street Addre	ss (P.O. Box Number is Not Acceptable)
		1215 5	5. monroe ST. STE 600
	مسا		
7. The above named entity submits this statems	ent for the nurrose of chanding its	City Ta	llahasse FL Zip Code 32301
3. The above named entity submits this stateme	ent for the purpose of changing its	City Ta	Stered agent, or both, in the State of Florida.
GIGNATURE _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	~ B fro	City Ta	Ilahq55 ce FL Zio Code 32301 stered agent, or both, in the State of Florida.
11, 1, 2	agent and title if applicable. (NOTE	City Ta	Ilahq55 ce FL Zip Code 32301 stered agent, or both, in the State of Florida. 4-30-81
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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 SIGNAR MANAGING MEMBER, MAN. GER, OR AUTHORIZED REPRESENTATIVE

Date

Despring Phone #