2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

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Entity Name: INSURANCE INDUSTRIES PARTNERS, L.C.

Current Principal Place of Business:

600 NORTH PINE ISLAND RD., SUITE 400
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

600 NORTH PINE ISLAND RD., SUITE 400
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1065420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, WILLIAM B
215 S. MONROE ST., STE 600
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: RENFRO, TIM A
Address: 2945 SURREY LN
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIM A RENFRO MGRM 04/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date