LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State

DOCUMENT # L01000001578					04-22-2002 90243 048 ****50.00		
PIP ASSURANCE GROUP ADJUSTMENT BUREAU, LLC							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business		3. Mailing Address					
301 Yamato Road Suite, Apt. #, etc.		301 Yamato Road Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SO	ACE
Suite 4150		Suite 4150			DO NOT WRITE	. 414 1115 SE	ACE
City & State		City & State			4. FEI Number		Applied For
Boca Raton F1	orida	Boca Raton	Florids		65-1073264		Not Applicable
1 1	SA	33431	USA	•	5. Certificate of Status Desired	□ \$	5.00 Additional see Required
					7. Name and Address of Current R	legistered A	gent
				Name Ric	nard C. Bulman, Jr., Esq		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Road			
				Suite 4150			
				City Boca Rat	ton	FL	Zip Code 3 3 4 3 1
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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Richard C. Bulman, J. DATE							
FEE IS \$50:00 Make Check Payable to Department of State							
9. † MANAGING MEMBERS/MANAGERS BEALER AND REPORT OF THE PROPERTY OF THE PROPER							
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NAME Les Schlesinger			NAME				12/0
street address 301 Yamato Rd. #4150			STREET CITY-	I ADDRESS			38
Boca Raton, FL 33431				rear la			CRZE083B (12/01)
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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 oath; that I am a managing member or manager of the limited liability company or the reserver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Caytime Phone #							