


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003221	
1. Entity Name PREFERRED INSURANCE CAPITAL CONSULTANTS, LLC	

Principal Place of Business 2101 N.W. CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431	Mailing Address 2101 N.W. CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1082835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GRIPPA, ANTHONY J 2101 N.W. CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431	
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**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

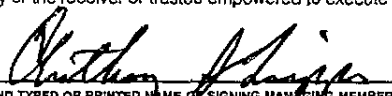
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIPPA, ANTHONY J 2101 N.W. CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMILLERI, MICHAEL 2101 N.W. CORPORATE BLVD., SUITE 415 BOCA RATON, FL 33431
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01/12/04-80018-022 55.00

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Anthony J. Grippa** 1/6/04 561-241-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #