


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 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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01052005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2005**

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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**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* **1/10/05 (561) 241-9974**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #