

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90047 005 ****50.00

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**

40003846



2. Principal Place of Business
55 NE FIFTH AVE.

3. Mailing Address
55 NE FIFTH AVE.

01092006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.
SUITE 502

Suite, Apt. #, etc.
SUITE 502

City & State
BOCA RATON

City & State
BOCA RATON

4. FEI Number
65-1082835

Applied For
Not Applicable

Zip
33432

Country
PALM BCH

Zip
33432

Country
PALM BCH

5. Certificate of Status Desired
\$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**

7. Name and Address of New Registered Agent

Name
ANTHONY J. GRIPPA

Street Address (P.O. Box Number is Not Acceptable)

55 NE FIFTH AVE., STE. 502

City
BOCA RATON

FL

Zip Code
33432

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

Anthony J. Grippa **Anthony J. Grippa**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

01/09/2006

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMILLERI, MICHAEL
2101 N.W. CORPORATE BLVD., SUITE 415
BOCA RATON, FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRIPPA, ANTHONY J.
55 NE FIFTH AVE., SUITE 502
BOCA RATON, FL 33432-5500** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMILLERI, MICHAEL
55 NE FIFTH AVE, SUITE 502
BOCA RATON, FL 33432-5500** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **Anthony J. Grippa**

01/09/06

Date

(801) 241-9974

Daytime Phone #