2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L01000003221

Entity Name: PREFERRED INSURANCE CAPITAL CONSULTANTS, LLC

Current Principal Place of Business:

55 NE 5TH AVE
SUITE 502
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

55 NE 5TH AVE
SUITE 502
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1082835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIPPA, ANTHONY J
55 NE 5TH AVE
SUITE 502
BOCA RATON, FL 33432 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/MANAGERS:

Title: MGR ( ) Delete
Name: GRIPPA, ANTHONY J
Address: 55 NE 5TH AVE AUITE 502
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete
Name: CAMILLERI, MICHAEL
Address: 55 NE 5TH AVE SUITE 502
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL CAMILLERI MGR 01/08/2008

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