


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007906</b> 1. Entity Name CURTIN INSURANCE GROUP, LLC	
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Principal Place of Business 1235 CASTILE AVE. CORAL GABLES, FL 33134	Mailing Address 1235 CASTILE AVE. CORAL GABLES, FL 33134
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<b>DO NOT WRITE IN THIS SPACE</b>
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02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1104963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CURTIN, WILLIAM J 1235 CASTILE AVE CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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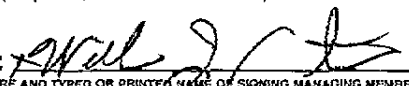
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>2/12/04</u> <small>(NOTE: Registered Agent signature required when resigning)</small>

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

U00000053990  
02/16/04-80153-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CURTIN, WILLIAM J 1235 CASTILE AVE. CORAL GABLES, FL 33134
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>2/12/04</u> <small>Date Daytime Phone #</small>