

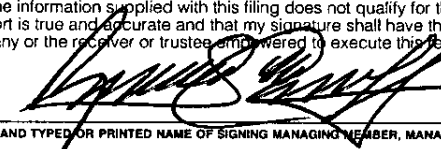


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90553 024 \*\*\*\*50.00

<b>DOCUMENT # L01000017840</b> 1. Entity Name <b>FIRST COMMERCIAL UNDERWRITERS, LLC</b>					
Principal Place of Business <b>7900 N.W. 155 STREET SUITE # 203 MIAMI LAKES, FL 33016 US</b>			Mailing Address <b>7900 N.W. 155 STREET SUITE # 203 MIAMI LAKES, FL 33016 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03242004    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>65-1151665</b>				Applied For <input type="checkbox"/> 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  <b>BEANE, REGINALD E 5088 N.W. 81 AVENUE CORAL SPRINGS, FL 33067</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMILLERI, MICHAEL <input type="checkbox"/> Delete 1115 BEL AIR DRIVE HIGHLAND BEACH, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPINOSA, LUIS M <input type="checkbox"/> Delete 15522 N.W. 82 PLACE MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Espinosa, Luis M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15525 NW 83rd. Court Miami Lakes, Fl 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEANE, REGINALD E <input type="checkbox"/> Delete 5088 N.W. 81 AVENUE CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMBERT, RENE M <input type="checkbox"/> Delete 15824 N.W. 83 AVENUE MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>Rene M. Cambert    3/25/04    786-621-3130</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date      Daytime Phone #</small>		