2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
04 JUN 22 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019092

1. Entity Name
PACIFIC COAST INSURANCE GROUP, LLC

Principal Place of Business	Mailing Address
1180 SW 36TH AVE SUITE 201 POMPANO BEACH, FL 33069	1180 SW 36TH AVE SUITE 201 POMPANO BEACH, FL 33069

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06212004 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2650583 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENTHAL, STEPHEN ESQ 8142 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321	Name: Charles Vaccaro Street Address (P.O. Box Number is Not Acceptable): 145 E. 49th Street City: Hialeah FL Zip Code: 33013

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 Charles Vaccaro — 6/21/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	NARACESINGH, SANDRA ESQ	NAME	Lidsky, Carlos
STREET ADDRESS	1180 SW 36TH AVE # 201	STREET ADDRESS	145 E. 49th Street
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	Hialeah, FL 33013
TITLE	MGR ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	NARACESINGH, RAMNARES	NAME	
STREET ADDRESS	1180 SWTH 36TH AVE #201	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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)(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: — 6/21/2004 — 678-812-2605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

R. Joseph Costanzo, JR
Authorized Representative