

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000021510

1. Entity Name

FIRST AMERICAN EAGLE NINE INSURANCE AGENCY II, L

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**FILED
Mar 07, 2002 8:00 am
Secretary of State**

03-07-2002 90151 034 ****55.00

City & State

Tallahassee FL

City & State

Zip

32308

Country

USA

Zip

Country

4. FEI Number

59-3757472

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name
John T. La Joie

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

2075 Centre Pointe Blvd.

City

Tallahassee

FL

Zip Code
32308

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.

SIGNATURE

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

DATE

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Michael W. Conway
2075 Centre Pointe Blvd.
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *x Michael W.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/02

(850) 402-4101

Date

Daytime Phone #

CR2E083B (12/01)