

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004842

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** ILLUSTRATED PROPERTIES INSURANCE, LLC

**Current Principal Place of Business:**

4259 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

4283 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4259 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

4283 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

FEI Number: 06-1729125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CELEDINAS, RAY S  
625 N. FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

CELEDINAS, RAY S  
4283 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

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: RAY S. CELEDINAS

01/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THE CELEDINAS AGENCY, INC.  
Address: 4259 NORTHLAKE BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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: RAY S. CELEDINAS

PRES

01/08/2010

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