

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004842

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4283 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4283 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

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  
4283 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

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

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: \_\_\_\_\_

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

MGR

02/02/2011

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