


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000016705**


1. Entity Name  
 INTERNATIONAL RE-INSURANCE CONSULTANTS, L.L.C.



Principal Place of Business  
 2333 PONCE DE LEON BLVD., SUITE R200  
 CORAL GABLES, FL 33134

Mailing Address  
 2333 PONCE DE LEON BLVD., SUITE R200  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 55-0794296	Applied For 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

RUEDA, JAIME H  
 21050 POINT PLACE  
 APT 2801  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

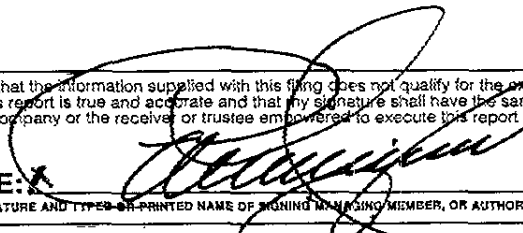
000000067606  
 02/22/04-800006-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUEDA, GABRIEL 21055 YACHT CLUB DR #1603 AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_