


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027243</b> 1. Entity Name CURTIN CABRERA INSURANCE GROUP LLC	
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Principal Place of Business 4216 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	Mailing Address 4216 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SANTOS, JOSE A JR 220 ALHAMBRA SUITE 350 CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *[Signature]* DATE 2/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000053988  
02/16/04-80153-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CURTIN, WILLIAM J 4216 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABRERA, RAFAEL JR 4216 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
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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 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: *[Signature]* DATE 2/12/04

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