

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012967

FILED
Apr 30, 2004
Secretary of State

Entity Name: C15 INSURANCE LLC

Current Principal Place of Business:

8000 NORTH FEDERAL HIGHWAY
SUITE 320
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

8000 NORTH FEDERAL HIGHWAY
SUITE 320
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 87-0694185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGRM () Delete
Name: MANOPOLI, VINCENT C
Address: 8000 NORTH FEDERAL HIGHWAY, SUITE 320
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM () Delete
Name: MASANOFF, MICHAEL D
Address: 8000 NORTH FEDERAL HIGHWAY, SUITE 320
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VINCENT C MANOPOLI

MGRM

04/30/2004

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