

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016188

FILED  
Jul 07, 2004  
Secretary of State

Entity Name: HERNANDEZ INSURANCE LLC

## Current Principal Place of Business:

1205 SAN GABRIEL ST  
WINTER SPRINGS, FL 32708 US

## New Principal Place of Business:

8204 CRYSTAL CLEAR LN  
SUITE 500  
ORLANDO, FL 32908 US

## Current Mailing Address:

P.O. BOX 195155  
WINTER SPRINGS, FL 727195155 US

## New Mailing Address:

8204 CRYSTAL CLEAR LN  
SUITE 500  
ORLANDO, FL 32908 US

FEI Number: 91-2193202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, ZORAIDA C  
1206 GEMA PLACE  
WINTER SPRINGS, FL 32708 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: MGR ( ) Delete  
Name: HERNANDEZ, LUIS R  
Address: 205 SAN GABRIEL ST.  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR ( ) Delete  
Name: HERNANDEZ, RICARDO L  
Address: 1206 GEMA PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR ( ) Delete  
Name: HERNANDEZ, ANTONIO L  
Address: 1206 GEMA PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR ( ) Delete  
Name: HERNANDEZ, JAVIER R  
Address: 1206 GEMA PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HERNANDEZ, LUIS R  
Address: 1206 GEMA PLACE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

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: LUIS R HERNANDEZ

MR

07/07/2004

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