2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016188

Address:

City-St-Zip:

1206 GEMA PLACE

WINTER SPRINGS, FL 32708 US

Entity Name: HERNANDEZ INSURANCE LLC

FILED Feb 09, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
8204 CRY SUITE 500	/STAL CLEAR)	LN		
	D, FL 32908	US		
Current Mailing Address:			New Mailing Address:	
8204 CRY SUITE 500	STAL CLEAR	LN		
ORLANDO	D, 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:			Name and Address of New Registered Agent:	
1206 GEN	DEZ, ZORAIDA IA PLACE SPRINGS, FL			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	HERNANDEZ, 1206 GEMA PI		Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	HERNANDEZ, 1206 GEMA PI		Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	HERNANDEZ, 1206 GEMA PI		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR (HERNANDEZ,) Delete JAVIER R	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: LUIS R HERNANDEZ 02/09/2005