

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/27/2004-90084-005-\$50.00-\$50.00

FILED

2004 OCT 12 P 2:30

SECRETARY OF STAT.
TALLAHASSEE, FLORIDA



09202004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000040523

1. Entity Name
CIMA INSURANCE ADVISORS LLC



Principal Place of Business
**2801 PONCE DE LEON BLVD., SUITE 340
CORAL GABLES, FL 33134**

Mailing Address
**2801 PONCE DE LEON BLVD., SUITE 340
CORAL GABLES, FL 33134**

2. Principal Place of Business
110 Merrick Way
Suite, Apt. #, etc. **2A**

3. Mailing Address
110 Merrick Way
Suite, Apt. #, etc. **2A**

City & State
CORAL GABLES

City & State
CORAL GABLES

Zip
33134 Country
MIAMI-DADE

Zip
33134 Country
MIAMI-DADE

6. Name and Address of Current Registered Agent
**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGING DIRECTOR
CARLTON JOHN WILSON
110 Merrick Way Suite 2A
CORAL GABLES, FL 33134

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: _____ **9-20-04 (305) 442-4531**

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