


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 050 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000044121	
<b>1. Entity Name</b> BUSINESS INSURANCE ASSOCIATES, LLC	


<b>Principal Place of Business</b> 100 SECOND AVE. SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US	<b>Mailing Address</b> 100 SECOND AVE. SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 31 BEACH DRIVE SE	<b>3. Mailing Address</b> 31 BEACH DRIVE SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> St. Petersburg FL	<b>City &amp; State</b> ST PETERSBURG FL
<b>Zip</b> 33701 <b>Country</b> US	<b>Zip</b> 33701 <b>Country</b> US

<b>6. Name and Address of Current Registered Agent</b>	
GERLACH, GERRY 100 2ND AVE SOUTH SUITE 901 S ST. PETERSBURG, FL 33701	

**20008605**



04112007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-0387728	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name: Gerlach, Gerald	
Street Address (P.O. Box Number is Not Acceptable) 31 BEACH DRIVE SOUTH EAST	
City: ST PETERSBURG FL	Zip Code: 33701


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 restate) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> PUTARO, ANTHONY 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> PUTARO, ANTHONY 31 BEACH DRIVE SOUTH EAST ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> WYATT, BART 100 SECOND AVE SOUTH STE 901S SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> WYATT, BART 31 BEACH DRIVE SOUTH EAST ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> KAROLESKI, JOYCE 100 SECOND AVE SOUTH STE 901S SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KAROLESKI, JOYCE 31 BEACH DRIVE SOUTH EAST ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Bart Wyatt** Mgr 4/16/07 727-822-9000

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