

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90257 008 ****50.00

DOCUMENT # L04000043926					
1. Entity Name METLIN INSURANCE AGENCY, LLC					
Principal Place of Business 2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406			Mailing Address 2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406		
2. Principal Place of Business 6691 Nob Hill Road		3. Mailing Address 6691 Nob Hill Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006 Chg-LLC CR2E083 (11/05)	
City & State Tamarac, FL		City & State Tamarac, FL		4. FEI Number 20-1528474	
Zip 33321		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KARLINSKY, FRED - ESQ. 2000 W. COMMERCIAL BLVD. SUITE 232 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name: <u>Karlinsky, Fred - Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>100 S.E. 3rd Avenue</u> <u>23rd Floor</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33394</u>		
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 May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SLATURRO, JOSEPH 2393 S CONGRESS AVE, 2ND FLOOR WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. Scaturro, Joseph 6691 Nob Hill Road Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: <u>Joseph Scaturro</u> <u>JOSEPH SCATURRO, MAN</u> <u>3-7-06</u> <u>954-623-6200</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					