


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90040 012 \*\*\*\*50.00

<b>DOCUMENT # L04000064662</b>	
<b>1. Entity Name</b> COLLEGIATE INSURANCE ASSOCIATES, LLC	

<b>Principal Place of Business</b> 3120 JASMINE DRIVE DELRAY BEACH, FL 33483	<b>Mailing Address</b> 3120 JASMINE DRIVE DELRAY BEACH, FL 33483
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<b>2. Principal Place of Business</b> 3600 F.A.U. BLVD. Suite, Apt. #, etc. SUITE 207 City & State BOCA RATON, FL. Zip 33431	<b>3. Mailing Address</b> 3600 F.A.U. BLVD. Suite, Apt. #, etc. SUITE 207 City & State BOCA RATON, FL. Zip 33431	<b>Country</b> U.S.A.
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08242005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 56-2486430	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 reissuing) \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to 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>MGR</b> MELVIN, TERRY L 3120 JASMINE DRIVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>3600 F.A.U. BLVD. #207 BOCA RATON, FL. 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> ANDERSON, R. BRIAN 3120 JASMINE DRIVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>3600 F.A.U. BLVD. #207 BOCA RATON, FL. 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> HANUSCHAK, MICHAEL S 3120 JASMINE DRIVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>3600 F.A.U. BLVD. #207 BOCA RATON, FL. 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Terry L. Melvin **TERRY L. MELVIN** 8/24/05 (561) 826-0330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #