

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080817

Entity Name: 787 INSURANCE, LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

900 5TH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102

**New Principal Place of Business:**

787 5TH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

900 5TH AVENUE SOUTH, SUITE 203  
NAPLES, FL 34102

**New Mailing Address:**

787 5TH AVENUE SOUTH  
NAPLES, FL 34102

FEI Number: 26-3286700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICI, JAMES R ESQ.  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FERGUSON, BLAINE M  
Address: 787 FIFTH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MGR  
Name: NICI, JAMES R  
Address: 1185 IMMOKALEE RD., STE. 110  
City-St-Zip: NAPLES, FL 34110

I hereby 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.

SIGNATURE: BLAINE M FERGUSON

MGR

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date