

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098132

FILED
Jan 07, 2011
Secretary of State

Entity Name: FLORIDA INSURANCE PARTNERS LLC

Current Principal Place of Business:

433 2ND ST. SOUTH
SUITE A
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

433 2ND ST. SOUTH
SUITE A
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 80-0283812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAW, JOSEPH W
433 2ND ST. SOUTH
SUITE A
SAFETY HARBOR, FL 34695 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: FAW, JOSEPH W
Address: 433 2ND ST. SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR
Name: CILIENTO, JEROME A
Address: 1539 SATSUMA DR
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR
Name: KEVIN, CONAWAY M
Address: 520 SOUTH ARMENIA
City-St-Zip: TAMPA, FL 33609 US

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: JOSEPH W FAW

MGM

01/07/2011

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