

# 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