ANNUAL REPORT Secre							ENT OF STATE ortham State PORATIONS	FILED 4/20 98 APR 17 PH 12: 40			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLIMENT #								SECRETARY OF STATE TALLAHASSEE FLORIDA			
PETIGROW INSURANCE, L.L.C. 8331 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071								1a. Principal Place of Business Address 8331 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071			
2. Principal Place of Business 2a. M				2a. Mall	alling Address			3. Date Organized or Qualified 3a.		3a. State of	f Formation
Suite, Apt. #, etc.				Suite, Apt. #, etc.				11/20/1995 4. FEI Number		FL	Applied For
City & State				City & State				65-0632097]	Not Applicable
Zip	Country Zip		Zip	Count		ry	5. Date of Last Report 04/24/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agen						ent 8. Name			me and Address of New Registered Agent/Office		
PETIGROW, RICHARD B 8331 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071					<u> </u>			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
					City			Zip Code			
9. Pursua its register as register	nt to the provisi ed office or regi ed agen); and	ons of Sections of	ons 608.416 an or both, in the S oligations.	d 608.508 State of Flo	, Florida Statute rida. Such chang	s, the at ge was a	bove-named limited outhorized by affirma	liability company s tive vote of a majori	ubmits this state ty of the member	ement for the p	ourpose of changing cept the appointment
SIGNATU	RE / /) (Reos red		Sointment) (714	10 L/		DATE	4/58	
10. Title	Managing Members/Managers						ess Street Address		City	, State and Zip) Code
MGR	MGR PETIGROW, RICHARD B				8331 W. ATLANTIC BL			BLVD.	CORAL SPRINGS FL		
								00	-04/23	/98010	'803 049030 ****188.75
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11. do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

| SIGNATURE AND 1YPBU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Data | Daytone Phone ||