## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L95000000895 \*\*\*

1. Entity Name

PETIGROW INSURANCE, L.L.C.



FILED
Mar 06, 2004 -08:00-AM
Secretary of State

Principal Place of Business

9900 W SAMPLE ROAD

SUITE 300

CORAL SPRINGS, FL 33065 U

Mailing Address

9900 W SAMPLE ROAD

SUITE 300

CORAL SPRINGS, FL 33065

CR2E083 (10/03)

4. FEI Number 65-0632097

03012004 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PETIGROW, RICHARD B 9900 W SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065

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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_	Signature, typed or printed name of registered agent and life # applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FI Di	iling Fee is \$50.00 ue by May 1, 2004	U0000078986 03/08/04-80048-002 50_00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETIGROW, RICHARD B 8900 W. SAMPLE ROAD #300 CORAL SPRINGS, FL 33065		
TITLE Name Street address City-St-Zip			
TITLE NAME STREET ADDRESS CITY-53-ZIP		DO NOT W	/RITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP		IN THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execu	ralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If have the same legal effect as if made under oath; that I am a mana ute this report as required by Chapter 608, Florida Statutes.	I further certify that the information ging member or manager of the