


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 20 APR -9 PM 5:00 SECRETARY OF STATE DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000758</b>  <b>PLI INSURANCE AGENCY OF FLORIDA, L.C.</b> <b>25 INDEPENDENCE BLVD.</b> <b>4TH FL</b> <b>WARREN NJ 07059</b>		1a. Principal Place of Business Address  <b>6100 HOLLYWOOD BLVD.</b> <b>SUITE 202</b> <b>HOLLYWOOD FL 33024</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>07/17/1996</b>  4. FEI Number <b>65-0715551</b>  5. Date of Last Report <b>05/01/1998</b>	
3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: center;"><b>FL</b></div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (Not Registered Agent Signature and Address from Before)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	<del>TESCHKE</del> <b>TESCHE, ROBERT W</b>	1479 SAUCOM MEADOW CT.		BETHLEHEM PA	
MGR	<b>FUNK, PAUL</b>	25 INDEPENDENCE BLVD., 4TH		WARREN NJ	
MGR	<del>TESCHKE</del> <b>TESCHE, ROBERT W</b>	1479 SAUCOM MEADOW CT		BETHLEHEM PA	
2000002842572--4 -04/16/99--01087--019 ****188.75 ****188.75 APR 16 1999					
11. I 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. I further 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 or 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: <u><i>Robert W Tesche</i></u> <span style="float: right;">3/29/99</span> <small>SIGNATURE AND TYPE OF PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER</small>					