**File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 30 AM 9:49

| 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 of Limited Liability Company

**DOCUMENT #** L97000000401

PENINSULA INSURANCE SERVICES, L.C.
~~2150 S. ANDREWS AVENUE~~
~~FT LAUDERDALE FL 33316~~

1a. Principal Place of Business Address

~~2150 S. ANDREWS AVENUE~~
~~FT LAUDERDALE FL 33316~~

| 2. Principal Place of Business | | 2a. Mailing Address | |
|---|---|---|---|
| 8360 W. OAKLAND PARK BLVD. | | 751 E. DAILY DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| SUITE 212 | | SUITE 300 | |
| City & State | | City & State | |
| SUNRISE, FLORIDA | | CAMARILLO, CALIFORNIA | |
| Zip | Country | Zip | Country |
| 33351 | U.S.A. | 93010 | U.S.A. |

| 3. Date Organized or Qualified | 3a. State of Formation |
|---|---|
| 04/09/1997 | FL |
| 4. FEI Number: 95-4626893 | ☐ Applied For ☐ Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired ☐ |

| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent/Office |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City: **FL** Zip Code |

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| ~~MGR~~ | ~~PRESTON, DONALD W~~ | ~~1961 PORT SEABOURNE WAY~~ | ~~NEWPORT BEACH CA~~ |
| MRGM | STANLEY BRAUN | 751 E. DAILY DRIVE, SUITE 300 | CAMARILLO, CA 93010 |

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****188.75 ****188.75

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:** _____ Stanley Braun 3/24/98 (805) 987-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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