

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003212

FILED  
Apr 21, 2006  
Secretary of State

**Entity Name:** INDEPENDENT COLLEGES AND UNIVERSITIES RISK MANAGEMENT ASSOCIATION, L.L.C.

**Current Principal Place of Business:**

7380 SAND LAKE ROAD, STE 390  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7380 SAND LAKE ROAD, STE 390  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3624619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOBEY, GLENN  
7380 SAND LAKE ROAD, SUITE 390  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

DONATELLI, BEN  
8875 HIDDEN RIVER PKWY  
SUITE 300  
TAMPA, FL 33637 US

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: BEN DONATELLI

04/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CZERNIEC, TIMOTHY H  
Address: 11300 NORTHEAST SECOND AVENUE  
City-St-Zip: MIAMI SHORES, FL 33161

Title: MGR ( ) Delete  
Name: LIVINGSTON, RANDY  
Address: 3400 GULF TO BAY BLVD.  
City-St-Zip: CLEARWATER, FL 337594595

Title: MGR ( ) Delete  
Name: NEER, HOWARD  
Address: 3301 COLLEGE AVENUE  
City-St-Zip: FT LAUDERDALE, FL 333147796

Title: MGR ( ) Delete  
Name: ARMUL, JACK  
Address: 150 WEST UNIVERSITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: MCENIRY, ALLEN M  
Address: 901 SOUTH FLAGLER DR.  
City-St-Zip: WEST PALM BEACH, FL 334164708

Title: MGR ( ) Delete  
Name: HILL, TIMOTHY J  
Address: 2700 N TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY H. CZERNIEC

MGR

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date