

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90056 002 \*\*\*\*50.00

**DOCUMENT # M02000003033**

1. Entity Name  
**TEXAS INSUREAMERICA INSURANCE AGENCY, L.L.C.**



Principal Place of Business  
5000 QUORUM DR., STE. 300  
DALLAS, TX 75254

Mailing Address  
5000 QUORUM DR., STE. 300  
DALLAS, TX 75254

20000849



01042005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3692446

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

STATE

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COLLETT, DAVID P  
5000 QUORUM DR., STE. 300  
DALLAS, TX 75254

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BEATY, ANITA  
5000 QUORUM DR., STE. 300  
DALLAS, TX 75254

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I 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 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.

**SIGNATURE:**

*Anita W. Beaty*, ANITA W. BEATY 01/04/2005 (972) 991-2313