

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005067

FILED
Jan 07, 2008
Secretary of State

Entity Name: PACIFIC WHOLESALE INSURANCE BROKERS, LLC

Current Principal Place of Business:

2470 SATELLITE BOULEVARD, SITE 130
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

2470 SATELLITE BOULEVARD, SITE 130
DULUTH, GA 30096

New Mailing Address:

FEI Number: 71-0933346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURPHY, MICHAEL
Address: 2470 SATELLITE BOULEVARD, SITE 130
City-St-Zip: DULUTH, GA 30096

Title: MGR () Delete
Name: SCE, JAMES
Address: 3500 W. OLIVE AVE., STE 900
City-St-Zip: BURBANK, CA 91505

Title: MGR () Delete
Name: HARRELL, BRUCE
Address: 2470 SATELLITE BLVD, STE 130
City-St-Zip: DULUTH, GA 30096

Title: MGR () Delete
Name: ROPPELT, RANDY
Address: 2470 SATELLITE BLVD, STE 130
City-St-Zip: DULUTH, GA 30096

Title: MGR. (X) Delete
Name: FILARDO, JOSEPH
Address: 275 MADISON AVE., STE 900
City-St-Zip: NEW YORK, NY 10016

Title: MGR. () Delete
Name: RICKER, GARY D JR
Address: 275 MADISON AVE., STE 900
City-St-Zip: NEW YORK, NY 10016

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
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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 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: MICHAEL J. MURPHY

MGR.

01/07/2008

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