

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000007064

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** CFC CAPITAL PARTNERS INSURANCE CENTER, LLC

**Current Principal Place of Business:**

20422 BEACH BLVD.,  
STE 200  
HUNTINGTON BEACH, CA 92648

**New Principal Place of Business:**

17011 BEACH BOULEVARD  
SUITE 1500  
HUNTINGTON BEACH, CA 92648

**Current Mailing Address:**

20422 BEACH BLVD.,  
STE 200  
HUNTINGTON BEACH, CA 92648

**New Mailing Address:**

17011 BEACH BOULEVARD  
SUITE 1500  
HUNTINGTON BEACH, CA 92648

**FEI Number:** 20-5720524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM  
Name: THOMAS, ANTHONY G MGRM  
Address: 17011 BEACH BOULEVARD SUITE 1500  
City-St-Zip: HUNTINGTON BEACH, CA 92648

Title: MGRM  
Name: PETERSON, BRIAN B MGRM  
Address: 17011 BEACH BOULEVARD SUITE 1500  
City-St-Zip: HUNTINGTON BEACH, CA 92648

I hereby 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: LAURA LOUIS

POA

04/06/2010

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