

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000007064

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

17011 BEACH BOULEVARD  
SUITE 1500  
HUNTINGTON BEACH, CA 92648 US

**New Principal Place of Business:**

**Current Mailing Address:**

17011 BEACH BOULEVARD  
SUITE 1500  
HUNTINGTON BEACH, CA 92648 US

**New Mailing Address:**

**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:** MGR  
**Name:** THOMAS, ANTHONY G MGR  
**Address:** 17011 BEACH BOULEVARD SUITE 1500  
**City-St-Zip:** HUNTINGTON BEACH, CA 92648 US

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

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

04/02/2012

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