

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90048 025 ****50.00

DOCUMENT # L00000009878 1. Entity Name HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF SOUTH FLORIDA, L.L.C.	
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Principal Place of Business 1900 GLADES ROAD SUITE 201 BOCA RATON, FL 33431	Mailing Address 1020 NORTH ORLANDO AVENUE SUITE 200 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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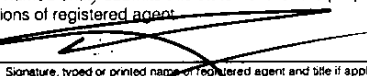
City & State	City & State
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Zip	Country	Zip	Country
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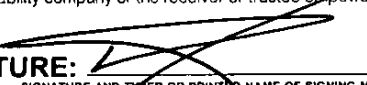
01082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent BREEN, JAMES H 1020 NORTH ORLANDO AVENUE SUITE 200 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Terry L. James Street Address (P.O. Box Number is Not Acceptable) 1300 S. Osceola Ave City Orlando FL Zip Code 32806	
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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.	DATE 1/8/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAUSERT, THOMAS J 6081 VIA VENETIA N DELRAY BEACH, FL 33484 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIBLEY, B. CRAIG 2035 KING ARTHUR CIRCLE MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREEN, JAMES H 3396 STERLING RIDGE COURT LONGWOOD, FL 32779 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES, TERRY L 438 E GRANT ST ORLANDO, FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1300 S. Osceola Ave Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 1/8/07 DAYTIME PHONE # 407-647-1166	