

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006778

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: ASURION WARRANTY PROTECTION SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

8880 WARD PKWY 5TH FLOOR  
KANSAS CITY, MO 64114

**New Principal Place of Business:**

8880 WARD PKWY  
KANSAS CITY, MO 64114

**Current Mailing Address:**

C/O DST SYSTEMS INC, ATTN:LEGAL DEPT  
333 WEST 11TH ST 5TH FLOOR  
KANSAS CITY, MO 64105

**New Mailing Address:**

8880 WARD PKWY  
KANSAS CITY, MO 64114

FEI Number: 43-1926823

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 ( ) Delete  
Name: MCDONNELL, THOMAS A  
Address: 333 W. 11TH STREET 5TH FLOOR  
City-St-Zip: KANSAS CITY, MO 64105

Title: MGR ( ) Delete  
Name: MCCULLOUGH, THOMAS A  
Address: 333 W. 11TH STREET 5TH FLOOR  
City-St-Zip: KANSAS CITY, MO 64105

Title: MGR ( ) Delete  
Name: LAUE, CHARLES A  
Address: 8880 WARD PARKWAY, 5TH FLOOR  
City-St-Zip: KANSAS CITY, MO 64114

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TAWEEL, KEVIN M  
Address: 160 BOVET ROAD, SUITE 402  
City-St-Zip: SAN MATEO, CA 94402

Title: MGR (X) Change ( ) Addition  
Name: COMOLLI, BRET E  
Address: 648 GRASSMERE PARK DRIVE, SUITE 300  
City-St-Zip: NASHVILLE, TN 37211

Title: MGR (X) Change ( ) Addition  
Name: LAUE, CHARLES A  
Address: 8880 WARD PARKWAY  
City-St-Zip: KANSAS CITY, MO 64114

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN M. TAWEEL

MGR

04/17/2006

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