

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021877

FILED
Apr 23, 2007
Secretary of State

Entity Name: LANDING INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

1679 GARDEN AVENUE
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4708 S. HEMINGWAY CIRCLE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 72-1564125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES-THOMPSON, MITZI B
4672 CANARD ROAD
MELBOURNE, FL 32934 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: BATES-THOMPSON, MITZI B
Address: 4672 CANARD ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: MGR () Delete
Name: SANDNER, PATRICK W
Address: 4708 S. HEMINGWAY CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: MGR () Delete
Name: WARD, KRISTI A
Address: 4708 S. HEMINGWAY CIRCLE
City-St-Zip: MARGATE, FL 33063

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:

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: KRISTI A. WARD

MGR

04/23/2007

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