


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 08:00 AM
Secretary of State


DOCUMENT # L03000027289

1. Entity Name
INSIGNIA HOLDINGS, LLC



Principal Place of Business 7121 EAST COLONIAL DR. ORLANDO, FL 32807	Mailing Address 12305 WESTPORT ROAD SUITE 104 LOUISVILLE, KY 40245
---	--

DO NOT WRITE IN THIS SPACE



02262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0109520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**F & L CORP.
 ONE INDEPENDENT DRIVE STE 1300
 JACKSONVILLE, FL 32202**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

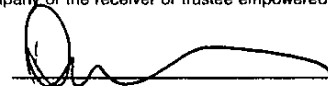
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CROCE, PAUL W ESQ. 12305 WESTPORT ROAD, SUITE 104 LOUISVILLE, KY 40245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENBERG, DAVID S 12305 WESTPORT ROAD, SUITE 104 LOUISVILLE, KY 40245
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000657334
 03/14/07-80062-016 50.00

DO NOT WRITE IN THIS SPACE

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:  **2/21/07** **502-327-7730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # ext 25