

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087938

FILED
Jan 17, 2006
Secretary of State

Entity Name: BULLINGTON INSURANCE GROUP, LLC

Current Principal Place of Business:

16108 ARMISTEAD LANE
ODESSA, FL 33556 US

New Principal Place of Business:

1717 S. 50 STREET
TAMPA, FL 33619 US

Current Mailing Address:

16108 ARMISTEAD LANE
ODESSA, FL 33556 US

New Mailing Address:

1717 S. 50 STREET
TAMPA, FL 33619 US

FEI Number: 20-2079222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLINGTON, BROOKS M
16108 ARMISTEAD LANE
ODESSA, FL 33556 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: BULLINGTON, BROOKS M
Address: 16108 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556 US

Title: MGR () Delete
Name: BULLINGTON, EILEEN M
Address: 16108 ARMISTEAD LANE
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

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 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: BROOKS M. BULLINGTON

PRES

01/17/2006

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